

Prepublication Requirements



Revisions to Eliminate Term “Licensed Independent Practitioner”

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*[®]), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*[®]. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows deleted language struckthrough and new language underlined.

APPLICABLE TO THE ASSISTED LIVING COMMUNITY ACCREDITATION PROGRAM

Effective January 1, 2024

Standard EC.02.03.01

The organization manages fire risks.

EC.02.03.01, EP 9

The organization has a written fire response plan that describes the specific roles of staff ~~and licensed independent practitioners~~ at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate residents and visitors, and how to evacuate to areas of refuge.

Note: The plan is in accordance with state regulations and applicable safety codes.

Standard EM.02.02.01

As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.

EM.02.02.01, EP 2

The Emergency Operations Plan describes the following: How the organization will communicate information and instructions to its staff ~~and licensed independent practitioners~~ during an emergency.

Standard HR.01.01.01

The organization defines and verifies staff qualifications.

HR.01.01.01, EP 2

The organization verifies and documents the credentials of staff providing care ~~providers~~ using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed.

Note: The credentials of contracted ~~providers~~staff providing care are verified by their employer or the organization. The organization needs to have verification of this information whether it or the ~~provider's~~contract staff's employer verifies.

Standard HR.01.04.01

The organization provides orientation to staff.

HR.01.04.01, EP 8

For organizations that elect The Joint Commission Memory Care Certification option: Based on their responsibilities, staff ~~and licensed practitioners~~ are oriented about psychotropic medications, including the following:

- The need for a medication in relation to the resident's documented diagnosis and condition
- The potential for drug-drug and drug-food interactions
- Effects and adverse reactions to psychotropic medications
- The use of a medication for an appropriate duration
- Optimal dosages
- Frequent monitoring of the medication's effectiveness
- Nonmedication interventions and alternatives developed through interdisciplinary team assessment
- Reduction and discontinuation of a medication

Standard HR.01.05.03

Staff participate in education and training.

HR.01.05.03, EP 26

For organizations that elect The Joint Commission Memory Care Certification option: Staff ~~and licensed practitioners~~ who provide care to residents diagnosed with dementia participate in annual education and training that aligns with current best practices in dementia care and includes the following:

- Team building
- Creating a therapeutic environment
- Assessing and addressing pain
- Palliative care for advanced dementia
- Internal or external transitions in the resident's level of care

Staff participation is documented.

Standard HR.01.07.01

The organization evaluates staff performance.

HR.01.07.01, EP 5

When a physician or other licensed ~~independent~~ practitioner brings a nonemployee individual into the organization to provide care, treatment, and services, the organization reviews the individual's competencies and performance at the same frequency as individuals employed by the organization.

Note: This review can be accomplished either through the organization's regular process or an alternative process with input from the physician or other licensed ~~independent~~ practitioner who brought staff into the organization.

Standard HR.02.01.04

The organization permits physicians and other licensed ~~independent~~ practitioners to provide care, treatment, and services.

HR.02.01.04, EP 11

The physician or other licensed ~~independent~~ practitioner provides only the care, treatment, and services that they have been permitted to perform.

HR.02.01.04, EP 14

The governing body designates, in writing, those physicians and other licensed ~~independent~~ practitioners who it has determined can provide care, treatment, and services.

Note: The governing body may delegate to the organization administrator or a committee of two or more voting members of the governing body the authority to designate these individuals.

HR.02.01.04, EP 15

All physicians and other licensed ~~independent~~ practitioners who provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.

HR.02.01.04, EP 16

At the time of licensure expiration, the organization documents the physician's or other licensed ~~independent~~ practitioner's current licensure and any disciplinary actions against the license available through the primary source.

Standard HR.02.01.05

The organization may permit physicians and other licensed ~~independent~~ practitioners to provide care, treatment, and services on a temporary basis.

HR.02.01.05, EP 2

Before the organization permits physicians and other licensed ~~independent~~ practitioners to provide care, treatment, and services on a temporary basis to meet important resident needs, the organization does the following:

- Documents required current licensure using primary sources, if available
- Uses primary source verification to document current competency

Note: Primary source verification of competency can be obtained through peer references or verification that the practitioner is privileged at a Joint Commission–accredited organization.

Standard HR.02.02.01

The organization provides orientation to physicians and other licensed practitioners.

HR.02.02.01, EP 1

The organization orients its physicians and other licensed ~~independent~~ practitioners to the key safety content it identifies before they provide care, treatment, and services. Completion of this orientation is documented.

Note 1: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.

Note 2: The organization determines the specific responsibilities included in orientation. For example, a covering physician or other licensed ~~independent~~ practitioner may have different or fewer responsibilities than an attending physician or other licensed ~~independent~~ practitioner.

HR.02.02.01, EP 3

The organization orients physicians and other licensed ~~independent~~ practitioners on the following:

- Relevant policies and procedures
- Their specific responsibilities, including those related to infection prevention and control

Note: The organization determines the specific responsibilities included in orientation. For example, a covering physician or other licensed ~~independent~~ practitioner may have different or fewer responsibilities than a physician or other licensed ~~independent~~ practitioner who is privileged.

- Sensitivity to cultural diversity based on their specific responsibilities

Completion of this orientation is documented.

Standard IC.01.06.01

The organization prepares to respond to an increased number of potentially infectious residents.

IC.01.06.01, EP 3

The organization has a method for communicating critical information to residents, families, visitors, ~~licensed independent practitioners,~~ and staff about emerging infections that could cause, or are causing, an increase in the number of infectious residents.

Standard IC.02.01.01

The organization implements its infection prevention and control plan.

IC.02.01.01, EP 7

The organization implements its methods to communicate responsibilities for preventing and controlling infection to ~~licensed independent practitioners,~~ staff, visitors, residents, and families. Information for visitors, residents, and families includes hand and respiratory hygiene practices.

Note: Information may be provided via different forms of media, such as posters or pamphlets.

Standard IC.02.03.01

The organization works to prevent the spread of infectious disease among residents, ~~licensed independent practitioners,~~ and staff.

IC.02.03.01, EP 1

The organization makes screening for exposure and/or immunity to infectious disease available to ~~licensed independent practitioners and~~ staff who may come in contact with infections at the workplace.

Standard LD.01.06.01

For organizations that elect The Joint Commission Memory Care Certification option: A medical director or other physician designated by the organization oversees the care, treatment, and services provided to residents.

LD.01.06.01, EP 3

For organizations that elect The Joint Commission Memory Care Certification option: The medical director or designated physician provides clinical leadership by doing the following:

- Directing and coordinating medical care in the organization
- Participating in the creation of policies, procedures, and guidelines for clinical care, treatment, and services and the development of emergency treatment procedures for residents
- Participating in the provision of in-service training programs
- Making recommendations to governance on whether or not a physician or other licensed practitioner can provide care, treatment, and services at the organization
- Monitoring the performance of medical services
- Understanding the policies and programs of public health agencies that affect resident care programs
- Acting as the organization's medical representative in the community

Standard LD.04.01.05

The organization effectively manages its programs, services, sites, or departments.

LD.04.01.05, EP 2

Programs, services, sites, or departments providing resident care are directed by one or more qualified professionals or by a qualified physician or other licensed ~~independent~~ practitioner with clinical privileges.

Standard LD.04.02.01

The leaders address any conflict of interest involving ~~licensed independent practitioners and/or~~ staff that affects or has the potential to affect the safety or quality of care, treatment, and services.

LD.04.02.01, EP 2

The leaders follow a written policy that defines situations that represent a conflict of interest involving ~~licensed independent practitioners and/or~~ staff and how the organization will address these conflicts of interest.

LD.04.02.01, EP 3

Existing or potential conflicts of interest involving ~~licensed independent practitioners and/or~~ staff, as defined by the organization, are disclosed.

LD.04.02.01, EP 5

Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all residents and those individuals who work in the organization, ~~including staff and licensed independent practitioners.~~

Standard LD.04.03.07

Residents with comparable needs receive the same standard of care, treatment, and services throughout the organization.

LD.04.03.07, EP 6

Regardless of payment method, residents have access to the following:

- Care that is timely and meets their needs and preferences
- Their physician or other licensed practitioner
- Staff, including administrative staff
- Care-planning and moving out processes

(See also RI.01.01.01, EP 19)

Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement with the organization are provided safely and effectively.

LD.04.03.09, EP 4

Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for resident care, treatment, and services to be provided off site, it can do the following:

- Verify that all physicians and other ~~licensed-independent~~ practitioners who will be providing resident care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other ~~licensed-independent~~ practitioners will be within the scope of their privileges.

LD.04.03.09, EP 5

Leaders monitor contracted services by communicating the expectations in writing to the ~~provider-of~~ licensed practitioner providing the contracted services.

Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.

Standard MM.01.01.01

The organization plans its medication management processes.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

MM.01.01.01, EP 1

For organizations that engage in any aspect of the medication management process: The organization makes information about the resident accessible to ~~licensed independent practitioners and~~ staff who participate in the management of the resident's medications.

Note: This element of performance does not apply in emergency situations.

Standard MM.03.01.01

The organization safely stores medications.

Note: This standard is applicable only to organizations that store medications at their sites.

MM.03.01.01, EP 4

For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by ~~an individual health care provider~~ staff and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.

Standard MM.03.01.03

The organization safely manages emergency medications, such as epinephrine pens.

MM.03.01.03, EP 1

Organization leaders, licensed ~~independent~~ practitioners, pharmacists, and other clinical staff decide which emergency medications and their associated supplies will be readily accessible based on the population served. Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms.

Standard MM.03.01.05

The organization safely controls medications brought into the organization by residents, their families, or prescribers.

MM.03.01.05, EP 1

For organizations in which staff administer medications or self-administration is allowed within the organization's facilities: The organization determines whether medications brought into the organization by residents, their families, or licensed ~~independent~~ practitioners can be used or administered.

MM.03.01.05, EP 2

For organizations in which staff administer medications or self-administration is allowed within the organization's facilities: Before use or administration of a medication brought into the organization by a resident, their family, or a licensed ~~independent~~ practitioner, the organization identifies the medication and visually evaluates the medication's integrity.

(See also MM.06.01.01, EP 3)

Standard MM.04.01.01

Medication orders are clear and accurate.

Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.

MM.04.01.01, EP 1

For organizations that prescribe medications: The organization follows a written policy that identifies the specific types of medication orders that it deems acceptable for use.

Note: There are several different types of medication orders. Medication orders commonly used include the following:

- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom
- Standing orders: A pre-written medication order and specific instructions from the physician or other licensed independent practitioner to administer a medication to a person in clearly defined circumstances
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or the resident's status
- Orders for medication-related devices (for example, nebulizers, catheters)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at move out or transfer

Standard MM.06.01.01

The organization safely administers medications.

Note: This standard is applicable only to organizations that administer medications.

MM.06.01.01, EP 1

For organizations that administer medications: Only authorized ~~licensed independent practitioners~~, clinical staff, and staff certified in medication administration can administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation.

Note: This does not prohibit self-administration of medications by residents, when indicated.

(See also MM.06.01.03, EP 1)

MM.06.01.01, EP 3

For organizations that administer medications: Before administration, the individual administering the medication does the following:

- Verifies that the medication selected matches the medication order and product label
- Visually inspects the medication for particulates, discoloration, or other loss of integrity
- Verifies that the medication has not expired
- Verifies that no contraindications exist
- Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route

- Discusses any unresolved concerns about the medication with the resident's physician or other licensed ~~independent~~ practitioner, prescriber (if different from the ~~licensed independent~~resident's practitioner), and/or staff involved with the resident's care, treatment, and services
(See also MM.03.01.05, EP 2)

Standard MM.06.01.03

Self-administered medications are administered safely and accurately.

Note: The term "self-administered medication(s)" may refer to medications administered by a family member.

MM.06.01.03, EP 7

If a resident elects to self-administer their own medication, the resident must be deemed competent by either the organization or a physician or other licensed ~~independent~~ practitioner to safely administer all prescribed medications. The organization retains a list of the medications in the resident's record.

Standard NPSG.01.01.01

Use at least two resident identifiers when providing care, treatment, and services.

Note: At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the ~~clinician~~individual providing care knows the resident, one identifier can be facial recognition.

Standard NPSG.03.06.01

Maintain and communicate accurate resident medication information.

NPSG.03.06.01, EP 3

Compare the medication information the resident brought to the organization with the medications ordered for the resident by the physician or other licensed ~~independent~~ practitioner in order to identify and resolve discrepancies.

Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison.

Standard PC.01.02.01

The organization obtains resident assessments.

PC.01.02.01, EP 41

For organizations that elect The Joint Commission Memory Care Certification option: When assessing residents for changes in cognition, a qualified ~~clinician~~licensed practitioner uses evidence-based cognitive and functional assessment tools.

Note 1: For a ~~clinician~~licensed practitioner to be qualified, they must have received training on the assessment tool they are administering.

Note 2: Assessment tool examples include the Confusion Assessment Method (CAM), the Clock Test, the Global Deterioration Scale (GDS), the Functional Activities Questionnaire (FAQ), the Montreal Cognitive Assessment (MoCA), and the Allen Cognitive Disability Scale.

Standard PC.01.02.03

The organization assesses and reassesses the resident and the resident's condition according to defined time frames.

PC.01.02.03, EP 30

For organizations that elect The Joint Commission Memory Care Certification option: A qualified provider licensed practitioner reassesses residents diagnosed with dementia every six months and when there is a change in condition.

Standard PC.01.02.05

Qualified ~~staff~~, physicians, or other licensed practitioners assess and reassess the resident.

PC.01.02.05, EP 6

All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified ~~staff or~~ licensed ~~independent~~ practitioners in accordance with law and regulation.

PC.01.02.05, EP 8

For organizations that elect The Joint Commission Memory Care Certification option: A qualified physician or other licensed practitioner conducts a behavioral health assessment at least quarterly for residents on a psychotropic medication.

Standard PC.01.02.07

The organization assesses and manages the resident's pain and minimizes the risks associated with treatment.

PC.01.02.07, EP 3

The organization works with the physician or other licensed ~~independent~~ practitioner to treat the resident's pain or refers the resident for treatment.

Note: Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches.

Standard PC.01.03.01

The organization plans the resident's care.

PC.01.03.01, EP 2

For organizations that elect The Joint Commission Memory Care Certification option: The resident's written plan for individualized care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the treating physician or other licensed practitioner, and in partnership with the resident, family, and staff. This plan reflects the resident's personal goals, personal preferences, lifelong interests, routines for daily activities, and freedom of choice.

(See also PC.01.02.01, EP 43)

Standard PC.02.01.01

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

PC.02.01.01, EP 3

Only residents with a diagnosis of dementia, who a ~~provider~~physician or other licensed practitioner has determined will benefit from a specialized distinct environment, may be moved into the organization's secured, distinct dementia care unit or area.

Standard PC.02.01.03

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

PC.02.01.03, EP 1

Orders are obtained from a physician or other ~~authorized individual~~licensed practitioner, 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 and other licensed practitioners, refer to Standard HR.02.01.04.

Standard PC.02.01.05

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

PC.02.01.05, EP 9

Information about the resident is shared among all care providers, including the physician or other licensed practitioner, home health agency, and contracted services, within the organization's defined time frames.

PC.02.01.05, EP 13

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

Standard PC.04.01.01

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

PC.04.01.01, EP 1

The organization documents the following:

- The reason(s) for and conditions under which the resident is transferred or residency is terminated
- The method for shifting responsibility for a resident's care from one ~~clinician~~licensed practitioner, organization, program, or service to another

PC.04.01.01, EP 14

The organization transfers a resident upon order of their attending physician or other licensed ~~independent~~ practitioner.

PC.04.01.01, EP 34

For organizations that elect The Joint Commission Memory Care Certification option: The organization documents the process for transitioning the responsibility for a resident's care from one ~~clinician~~ licensed practitioner, organization, program, or service to another. The process includes the following:

- Identification of potential underlying cause(s) of behavioral symptoms
- Successful personalized approaches to care
- Successful communication techniques with the resident
- The resident's cognitive, sensory, and physical capabilities
- Advanced care planning

PC.04.01.01, EP 35

For organizations that elect The Joint Commission Memory Care Certification option: The organization discusses the resident's transfer plan with the family and relevant licensed practitioners across different care settings. (For more information, refer to PC.04.01.03, EP 3)

Standard PC.04.01.03

The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.

PC.04.01.03, EP 3

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 termination of residency. (See also RI.01.01.01, EP 19)

Standard PI.03.01.01

The organization compiles and analyzes data.

PI.03.01.01, EP 21

The organization provides incidence data to key stakeholders, including leaders, licensed ~~independent~~ practitioners, nursing ~~staff~~, and other ~~clinicians~~ relevant staff on multidrug-resistant organisms (MDRO).

Standard RC.01.01.01

The organization maintains complete and accurate resident records.

RC.01.01.01, EP 5

The resident's record includes the following:

- Information needed to justify the resident's care, treatment, and services

- Information about the resident's care, treatment, and services needed to provide continuity of care among providersstaff

Standard RC.02.01.01

The resident's record contains information that reflects the resident's care, treatment, and services.

RC.02.01.01, EP 4

As needed to provide care, treatment, and services, the resident's record contains the following additional information:

- Any advance directives
- Orders, renewal of orders, and documentation that resuscitative services are to be withheld or life-sustaining treatment withdrawn
- Any informed consent, when required by organization policy
- Any resident-generated information (for example, choices, habits, routine)
- Referrals or communication made to external or internal care providers and community agencies
- Any physician's or other licensed practitioner's summary and final diagnosis when the resident moves in either from a hospital or from another health care organization

Standard RC.02.01.09

Resident record documentation includes the provision of and response to the activities program at least quarterly.

RC.02.01.09, EP 1

The activity providersstaff document the following about the activity program in the resident's record:

- The provision of activities to the resident based on the care plan, at least quarterly
- The resident's response to the activities based on the care plan, at least quarterly
- Any report given to the primary nurse of changes in the resident's response to an activity provided

Standard RC.02.01.15

Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident's condition.

RC.02.01.15, EP 1

For organizations that elect The Joint Commission Memory Care Certification option: The following are documented in the resident's clinical record:

- The provision of medical treatment and care
- The resident's response to medical treatment and care
- Medical observations and recommendations made after the initial medical assessment, as well as progress notes that are reported at the time of observation
- Progress notes recorded by the physician or other licensed practitioner at each visit
- Significant changes, as determined by the organization, in the resident's condition, care, treatment, and services

Standard RC.02.01.27

Effects of medications on a resident, and any associated pharmacist evaluation and physician or other licensed practitioner consultation, are documented in the resident record.

Standard RC.02.04.01

The organization documents the resident's move-out information.

RC.02.04.01, EP 2

The resident's move-out information includes the following:

- The reason for transfer, moving out, or referral
- Treatment provided, diet, medication orders, and orders for the resident's immediate care
- Referrals provided to the resident, the referring physician's or other licensed ~~independent~~ practitioner's name, and the name of the physician or other licensed ~~independent~~ practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other licensed ~~independent~~ practitioner
- Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status
- Nursing information that is useful in the resident's care
- Any advance directives
- Instructions given to the resident before moving out

Standard RI.01.02.01

The organization respects the resident's right to participate in decisions about their care, treatment, and services.

RI.01.02.01, EP 2

When a resident is unable to make decisions about their care, treatment, and services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. Note: A surrogate decision-maker is someone appointed to make decisions on behalf of the resident. This individual may be a family member or may be someone unrelated to the resident. A surrogate decision-maker makes decisions when the resident is without decision-making capacity, or when the resident has given permission to the surrogate to make decisions. In exercising this responsibility on the resident's behalf, the surrogate decision-maker may need to receive information, provide information, or participate in processes such as informed consent, education, and complaint resolution. In situations in which the resident has decision-making capacity but has chosen to use a surrogate decision-maker, the resident may reserve the right to involve the surrogate in some activities (such as coordinating information with the physician or other licensed ~~independent~~ practitioner) but not others (such as receiving education in self-care). (See also RI.01.01.01, EP 18; RI.01.06.13, EP 4)

Standard RI.01.05.01

The organization addresses resident decisions about care, treatment, and services received at the end of life.

RI.01.05.01, EP 3

The organization does the following regarding advance directives, including “do not hospitalize” orders, “do not resuscitate” orders, and organ-donation request procedures:

- Informs residents of relevant laws and regulations
- Provides residents with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services
- Provides the resident with information upon admission on the extent to which the organization is able, unable, or unwilling to honor advance directives
- Informs staff ~~and licensed independent practitioners~~ who are involved in the resident’s care, treatment, and services of whether or not the resident has an advance directive
- Honors the resident’s right to review and revise their advance directives
- Honors advance directives, in accordance with law and regulation and the organization’s capabilities

Standard RI.01.06.09

The resident has the right to choose their medical, ~~dental, and other licensed independent practitioner~~ and dental care providers.

RI.01.06.09, EP 1

The organization supports the resident’s right to choose a ~~physician, dentist, medical~~ and ~~other licensed independent practitioner~~ dental care provider.

Standard RI.01.06.11

The resident has the right to communicate with their medical, dental, and other ~~licensed independent practitioner~~ care providers.

RI.01.06.11, EP 1

If contracted through the facility the organization provides the resident and the resident’s surrogate decision-maker with the name and telephone number of the physician or other licensed practitioner primarily responsible for the resident’s care.

Note: The surrogate decision-maker can be a family member.

RI.01.06.11, EP 3

If contracted through the facility the organization helps the resident make and keep appointments with medical, dental, and other licensed ~~independent~~ practitioners.

RI.01.06.11, EP 4

If the resident (or resident’s surrogate decision-maker) selects their own physician or other licensed practitioner, they provide the organization with the name and telephone number of the physician or other licensed practitioner primarily responsible for the resident’s care.

Standard RI.01.07.13

If transportation services are provided by the organization, the resident has the right to these services, as appropriate to the resident's care or service plan.

RI.01.07.13, EP 1

The organization arranges transportation for the resident to and from physician ~~or~~, dentist, or other care provider appointments and other activities identified in the resident's care or service plan.

Standard WT.03.01.01

~~Staff and licensed independent practitioners~~Staff performing waived tests are competent.

WT.03.01.01, EP 1

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.

WT.03.01.01, EP 2

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

WT.03.01.01, EP 3

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

WT.03.01.01, EP 4

~~Staff and licensed independent practitioners~~Staff 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.