

# Prepublication Requirements

• Issued December 17, 2021 •



## New and Revised NCC Accreditation and Memory Care Certification Requirements

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 current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

### APPLICABLE TO THE NURSING CARE CENTER ACCREDITATION PROGRAM

Effective July 1, 2022

### Environment of Care (EC) Chapter

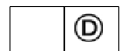
#### EC.01.01.01

The organization plans activities that minimize risks in the environment of care.

Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

#### Element(s) of Performance for EC.01.01.01

10. The organization has visitation policies and protocols that contain guidance on the following:
- Designated entrances and exits for visitors
  - Methods for informing visitors about infection control protocols including hand hygiene, respiratory hygiene/cough etiquette, face masking, and social distancing when appropriate
  - A method for tracking all staff who provide patient or resident care in the facility
  - Criteria for instituting visitation restrictions for nonessential visitors and when restrictions will be lifted
  - Provisions for remote communication when visitation restrictions are enforced, tailored to the resident's needs and abilities
  - Posting signs at entrances instructing visitors of pertinent visitation policies
- Note: For up-to-date information on the signs and symptoms of transmittable diseases, refer to the Centers for Disease Control and Prevention.



#### EC.02.01.03

The organization prohibits smoking except in specific circumstances.

#### Element(s) of Performance for EC.02.01.03

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;

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|--|---|--|---|
| <p>1. The organization develops a written policy prohibiting smoking in all buildings except for designated areas for patients and residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy.<br/>           Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.</p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p>1. <b>The organization develops a written policy prohibiting smoking in all buildings except for designated areas for patients and residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy, <u>which must comply with law and regulation.</u></b><br/>           Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; text-align: center;">D</td> </tr> </table> |  | D |
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## Emergency Management (EM) Chapter

### EM.01.01.01

The organization engages in planning activities prior to developing its written Emergency Operations Plan.  
 Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself. At times, an emergency results in a sudden, increased demand for the organization's services. Emergencies can be either human-made (for example, an electrical system failure or cyberattack) or natural (for example, a tornado or an infectious disease outbreak such as ~~Ebola, Zika,~~ influenza), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient and resident care, safety, or security functions.

**The organization engages in planning activities prior to developing its written Emergency Operations Plan.**  
**Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself. At times, an emergency results in a sudden, increased demand for the organization's services. Emergencies can be either human-made (for example, an electrical system failure or cyberattack) or natural (for example, a tornado or an infectious disease outbreak such as influenza or coronavirus), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient and resident care, safety, or security functions.**

### EM.02.01.01

The organization has an Emergency Operations Plan.  
 Note: The organization's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

**Element(s) of Performance for EM.02.01.01**

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|---|---|--|---|
| <p>2. The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.<br/> <b>Note:</b> The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> <li>- Maintaining or expanding services</li> <li>- Conserving resources</li> <li>- Curtailing services</li> <li>- Supplementing resources from outside the local community</li> <li>- Closing the organization to new patients and residents</li> <li>- Staged evacuation</li> <li>- Total evacuation</li> </ul>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p>2. <b>The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur <u>and the circumstances that would activate a response.</u></b><br/> <b>Note:</b> The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> <li>- Maintaining or expanding services</li> <li>- Conserving resources</li> <li>- Curtailing services</li> <li>- Supplementing resources from outside the local community</li> <li>- Closing the organization to new patients and residents</li> <li>- Staged evacuation</li> <li>- Total evacuation</li> </ul> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p>26. <b>For organizations that elect The Joint Commission Memory Care Certification option: The Emergency Operations Plan must address the special needs of patients and residents diagnosed with dementia. The plan must include the following:</b></p> <ul style="list-style-type: none"> <li>- How supervision will be maintained during evacuations</li> <li>- How to manage agitation or anxiety when the environment or circumstances change</li> <li>- How staff will maintain access to the resident’s medical history, current medication orders, physician information, and family contacts</li> </ul> <p><b>Note:</b> The Alzheimer's Association recommends that organizations consider enrolling in a wandering response service.</p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; text-align: center;">D</td> </tr> </table> |  | D |
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**EM.02.02.03**

As part of its Emergency Operations Plan, the organization prepares for how it will manage resources and assets during emergencies.

**Element(s) of Performance for EM.02.02.03**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

6. The Emergency Operations Plan describes the following: How the organization will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)
6. **The Emergency Operations Plan describes the following: How the organization will monitor quantities of its resources and assets during an emergency and implement their mitigation plans.** (See also EM.01.01.01, EP 8)

Human Resources (HR) Chapter

**HR.01.01.01**

The organization defines and verifies staff qualifications.

**Element(s) of Performance for HR.01.01.01**

1. The organization defines staff qualifications specific to their job responsibilities.   (D)
1. **The organization defines staff qualifications specific to their job responsibilities.** Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology or the Centers for Disease Control and Prevention’s Nursing Home Infection Preventionist Training Course). (See also IC.01.01.01, EP 3)   (D)

**HR.01.02.05**

The organization has the necessary staff to support the care, treatment, and services it provides.

**Element(s) of Performance for HR.01.02.05**

41. **The organization has a process for recruiting and retaining qualified nursing staff.**
42. **The organization has contingency plans for staff shortages.**

**HR.01.04.01**

The organization provides orientation to staff.

**Element(s) of Performance for HR.01.04.01**

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

3. The organization orients staff on the following: ☐ (D)
- Organizationwide and unit-specific policies and procedures related to job duties and responsibilities
  - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain
  - Sensitivity to cultural diversity based on their job duties and responsibilities
  - Patient and resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities
- Completion of this orientation is documented.

3. **The organization orients staff on the following:** ☐ (D)
- **Organizationwide and unit-specific policies and procedures related to job duties and responsibilities**
  - **Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain**
  - **Detecting and reporting a change in a patient’s or resident’s physical or psychological condition**
  - **Sensitivity to cultural diversity based on their job duties and responsibilities**
  - **Patient and resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities**
  - **Abuse, exploitation, and neglect identification, prevention, and reporting**
  - **Confidentiality of patient or resident information**
- Completion of this orientation is documented.

26. **Direct-care staff are oriented on palliative and end-of-life care.** ☐ ☐



### HR.01.05.03

Staff participate in education and training.

#### Element(s) of Performance for HR.01.05.03

5. Staff participate in education and training that is specific to the needs of the patients and residents served by the organization. Staff participation is documented. (R) (D)  
(See also PC.01.02.09, EP 3)
5. **Staff participate in education and training that is specific to the needs of the patients and residents served by the organization. Staff participation is documented.** (R) (D)  
(See also IC.02.05.01, EP 4; PC.01.02.09, EP 3)

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

24. Staff participate in annual education and training that aligns with current best practices in dementia care and includes the following:  

- Symptoms of dementia and its progression
- How to recognize potential symptoms of delirium
- Understanding how a patient’s or resident’s unmet needs are expressed through behaviors, such as wandering or exit seeking

Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.



- Communication techniques for the patient or resident with dementia
- Personalized approaches to behavioral expressions of unmet needs \*
- Abuse prevention

- Supporting the patient or resident through environmental cues and landmarks
- Environmental measures that promote comfort including room temperature, lighting, and sound.

Participation in this education is documented.

Staff participation is documented.

Footnote \*: Valuable training resources include the Centers for Medicare & Medicaid Services’ “Hand in Hand” training toolkit found at [https://qsep.cms.gov/pubs/ClassInformation.aspx?cid=0CMSHH\\_ONL](https://qsep.cms.gov/pubs/ClassInformation.aspx?cid=0CMSHH_ONL), the “Bathing Without a Battle” video found at [www.bathingwithoutabattle.unc.edu](http://www.bathingwithoutabattle.unc.edu), the “Mouthcare Without a Battle” video found at <http://www.mouthcarewithoutabattle.org>, and the Alzheimer’s Association essentiALZ® certification program found at <https://www.alz.org/professionals/professional-providers/dementia-care-training-certification>.  
(See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)

24. Staff participate in annual education and training that aligns with current best practices in dementia care and includes the following:  

- Symptoms of dementia and its progression
- How to recognize potential symptoms of delirium
- Understanding how a patient’s or resident’s unmet needs are expressed through behaviors, such as wandering or exit seeking

Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.

- Communication techniques for the patient or resident with dementia
- Personalized approaches to behavioral expressions of unmet needs
- Abuse prevention

- Supporting the patient or resident through environmental cues and landmarks
- Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented.



Staff participation is documented.

(See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)

## HR.01.06.01

Staff are competent to perform their responsibilities.

### Element(s) of Performance for HR.01.06.01

Key:  indicates that documentation is required;  indicates an identified risk area;

1. The organization defines the competencies it requires of its staff who provide patient or resident care, treatment, and services.    
 Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

1. **The organization defines the competencies it requires of its staff who provide patient or resident care, treatment, and services. Staff competencies must include the proper use of personal protective equipment.**    
 Note: Competencies relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services. **(See also IC.02.05.01, EP 4)**

**HR.02.02.01**

The organization provides orientation to licensed independent practitioners.

The organization provides orientation to physicians and other licensed practitioners.

**Element(s) of Performance for HR.02.02.01**

4. **Physicians and other licensed practitioners authorized to order restraint or seclusion (through organizational policy in accordance with law and regulation) have a working knowledge of the organization's policy regarding the use of restraint and seclusion.**    
 (See also LD.04.01.07, EP 13)

Infection Prevention and Control (IC) Chapter

**IC.01.01.01**

The organization identifies the individual(s) responsible for the infection prevention and control program.

**Element(s) of Performance for IC.01.01.01**

1. **The organization identifies the individual(s) with clinical authority over the infection prevention and control program.**

2. **When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, he or she consults with someone who has such expertise in order to make knowledgeable decisions.**

3. The organization assigns responsibility for the management of infection prevention and control activities.

**Note:** Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology or the Centers for Disease Control and Prevention’s Nursing Home Infection Preventionist Training Course).

(See also HR.01.01.01, EP 1; LD.03.06.01, EP 2)

4. The individual responsible for the infection prevention and control program does the following:

- Develop and implement infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines
- Document the infection prevention and control program surveillance, prevention, and control activities
- Communicate and collaborate with the quality assessment and performance improvement program on infection prevention and control issues
- Train and educate staff, including medical staff, on the practical applications of infection prevention and control guidelines, policies, and procedures
- Inform patients, residents, and visitors of infection prevention and control policies and procedures
- Preventing and controlling health care–associated infections, including auditing of adherence to infection prevention and control policies and procedures by staff, including medical staff
- Communicating and collaborating with the antibiotic stewardship program

### IC.01.02.01

Organizational leaders allocate needed resources for infection prevention and control activities.

#### Element(s) of Performance for IC.01.02.01

1. The organization provides access to information needed to support infection prevention and control activities.

3. The organization provides supplies to support infection prevention and control activities.
- Note:** Examples of supplies include alcohol-based hand sanitizers, hand soap, facial tissues, gloves, face masks, gowns, and cleaning supplies.

### IC.01.05.01

The organization has an infection prevention and control plan.

#### Element(s) of Performance for IC.01.05.01

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;



12. The organization assigns an individual with the relevant educational background, experience, and knowledge to develop and manage an infection control program. This individual is also responsible for providing education and training to staff on evidence-based infection control practices.

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### IC.01.06.01

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

#### Element(s) of Performance for IC.01.06.01

3. The organization has a method for communicating critical information to ~~licensed independent practitioners and staff~~ about emerging infections that could cause an increase in the number of infectious patients and residents.
3. The organization has a method for **monitoring and communicating critical information to patients, residents, families, visitors, staff, and local health authorities** about emerging infections that could cause, or are causing, an increase in the number of **infections in patients and residents**.
4. The organization describes, in ~~writing~~, how it will respond to an increased number of potentially infectious patients and residents. This planned response is documented.  
Note: ~~One~~ acceptable response is to decide not to accept patients and residents.  
(See also EM.01.01.01, EP 2)
4. The organization describes in detail how it will respond to an increased number of potentially infectious patients and residents. This planned response is documented.  
**Note: Acceptable responses include, but are not limited to, deciding not to accept new patients and residents, restricting symptomatic and exposed residents to their residences, modifying or halting group activities, and dedicating specific staff to work exclusively with infected residents. Detailed plans for cohorting patients or residents and testing and screening patients or residents are in accordance with guidance from the Centers for Disease Control and Prevention.**  
(See also EM.01.01.01, EP 2)

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### IC.02.01.01

The organization implements its infection prevention and control plan.

#### Element(s) of Performance for IC.02.01.01

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

2. The organization uses standard precautions, <sup>‡</sup> including the use of personal protective equipment, to reduce the risk of infection. **R**

Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients and residents; the type of precaution used depends on the risk of exposure to body fluids.

~~Footnote <sup>‡</sup>: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/hicpac/recommendations/core-practices.html> (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3)~~

2. **The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.** **R**

**Note 1: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients and residents.**

**Note 2: For further information regarding standard precautions, and guidance on donning and doffing of personal protective equipment refer to the Centers for Disease Control and Prevention (CDC).**

**(See also EC.02.02.01, EP 3)**

3. The organization implements transmission-based precautions <sup>‡</sup> in response to the pathogens that are suspected or identified within the organization's service setting and community. **R**

Note: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is spread. Transmission-based precautions include contact, droplet, airborne, or a combination of these precautions.

~~Footnote <sup>‡</sup>: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/hai/> (Infection Control in Healthcare Settings).~~

3. **The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community.** **R**

**Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is spread. Transmission-based precautions include contact, droplet, airborne, or a combination of these precautions.**

**Note 2: For further information regarding transmission-based precautions, refer to the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/hai/>.**

**Note 3: Implementation of transmission-based precautions should adapt to the settings, the facility design characteristics, and types of patient or resident interactions.**

**Note 4: If contingency strategies are required because of shortages of personal protective equipment, they must be in accordance with CDC and local health authority guidance.**

10. When the organization becomes aware that it transferred a patient or resident who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization. **R**

10. **When the organization becomes aware that it is transferring or has transferred a patient or resident who has an infection requiring monitoring, treatment, and/or isolation, it informs the staff involved in the transfer and the receiving organization.** **R**

12. **During an infectious outbreak, the organization stays informed of federal, state, regional, or local plans to address the outbreak. All infection control information and recommendations are reviewed for integration into the organization’s plan.**

**IC.02.02.01**

The organization reduces the risk of infections associated with medical equipment, devices, and supplies.

**The organization reduces the risk of infections associated with medical equipment, devices, and supplies used in the delivery of patient and resident care, treatment, and services.**

**Element(s) of Performance for IC.02.02.01**

1. The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. \*  
 Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients and residents who are isolated as part of implementing transmission-based precautions.  
~~Footnote \*: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3>.~~ **R**

1. **The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level and intermediate-level disinfection of medical equipment, devices, and supplies.** **R**   
**Note 1: Low-level disinfection is used for items that come in contact with intact skin such as stethoscopes and items that do not directly come in contact with intact skin, but may become contaminated, such as IV pumps. Items that could be contaminated with blood, such as blood glucose meters, should be cleaned and then receive intermediate-level disinfection. Additional cleaning and disinfecting are required for medical equipment, devices, and supplies used by patients and residents who are isolated as part of implementing transmission-based precautions.**  
**Note 2: For further information regarding cleaning, disinfection, and sterilization of medical equipment, devices, and supplies, refer to the Centers for Disease Control and Prevention website at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3>.**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

2. The organization implements infection prevention and control activities when doing the following: **R**   
 Performing ~~intermediate and high-level~~ disinfection and sterilization of medical equipment, devices, and supplies. <sup>\*</sup>  
 Note: Sterilization is used for items such as ~~implants and surgical instruments~~. High-level disinfection ~~may also be used if sterilization is not possible, as is the case with flexible endoscopes.~~  
~~Footnote \*:~~ For further information regarding performing ~~intermediate and high-level~~ disinfection of medical equipment, devices, and supplies, refer to ~~the website of the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3> (Sterilization and Disinfection in Healthcare Settings).~~

2. The organization implements infection prevention and control activities when doing the following: **R**   
 Performing high-level disinfection and sterilization of medical equipment, devices, and supplies.  
**Note 1:** Sterilization is used for items that could penetrate skin such as podiatry instruments. High-level disinfection is used for items that touch mucous membranes such as a rhinolaryngoscopes used for swallow studies.  
**Note 2:** For further information regarding cleaning, disinfection, and sterilization of medical equipment, devices, and supplies, refer to the Centers for Disease Control and Prevention website at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3>.

**IC.02.03.01**

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

The organization works to prevent the spread of infectious disease among patients and staff.

**Element(s) of Performance for IC.02.03.01**

3. The organization provides information to patients, residents, staff, and visitors about the signs and symptoms of emerging infections in the community and when and how they should report suspected or confirmed cases of infections.    
**Note:** Information regarding emerging infection diseases can be obtained from local health authorities or on the Centers for Disease Control and Prevention’s website <https://www.cdc.gov/>.

**IC.02.04.01**

The organization offers vaccination against influenza to licensed independent practitioners and staff.

Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.

**The organization offers vaccination against vaccine-preventable diseases prevalent in the community (for example, influenza and COVID-19) to its staff.**

**Note: This standard is applicable to staff, physicians, and other licensed practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff, physicians, or other licensed practitioners.**

**Element(s) of Performance for IC.02.04.01**

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| 2. | The organization educates <del>licensed independent practitioners and staff</del> about, at a minimum, the influenza vaccine; <del>non-vaccine</del> control and prevention measures; and the diagnosis, spread, and impact of influenza.   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;"> </td> </tr> </table> | R |   |
| R  |   |   |   |   |
| 2. | <b>The organization educates staff about, at a minimum, the <u>recommended vaccines; other infectious disease</u> control and prevention measures; and the diagnosis, spread, and impact of <u>prevalent infectious diseases in the community that may put its staff, patients, or residents at risk.</u></b><br><b>Note: The Advisory Committee on Immunization Practices provides vaccine-specific recommendations and guidelines at <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>.</b>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;"> </td> </tr> </table> | R |   |
| R  |   |   |   |   |
| 3. | The organization provides influenza vaccination at sites and times accessible to <del>licensed independent practitioners and staff</del> .  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;"> </td> </tr> </table> | R |   |
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| 3. | <b>The organization provides vaccinations at sites and times accessible to <u>its</u> staff.</b>  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;"> </td> </tr> </table> | R |   |
| R  |   |   |   |   |
| 6. | The organization has a written description of the methodology used to determine influenza vaccination rates.<br>Note: The Centers for Disease Control and Prevention's National Healthcare Safety Network provides influenza vaccination reporting and protocol guidance at <a href="https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html">https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html</a> and <a href="https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf">https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf</a> . | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;">D</td> </tr> </table> | R | D |
| R  | D   |   |   |   |
| 6. | <b>The organization has a written description of the methodology used to determine vaccination rates for <u>patients, residents, and staff.</u></b><br><b>Note: The Centers for Disease Control and Prevention provides vaccination reporting and protocol guidance at <a href="https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html">https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html</a>.</b>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">R</td> <td style="width: 20px;">D</td> </tr> </table> | R | D |
| R  | D   |   |   |   |

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

- 7. The organization evaluates the reasons given by staff and licensed independent practitioners for declining the influenza vaccination. This evaluation occurs at least annually. R
- 7. **The organization evaluates the reasons given by staff for declining vaccinations. This evaluation occurs at least annually and is used to improve compliance.** R

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- 9. The organization provides influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff, and other staff at least annually. R
- 9. **The organization provides vaccination rate data to key stakeholders, which may include leaders, physicians and other licensed practitioners, nursing staff, and other pertinent staff at least annually.** R

### IC.02.04.03

The organization provides the influenza vaccination to at-risk patients and residents.

The organization provides the **recommended** vaccinations to at-risk patients and residents.

**Note: The Centers for Disease Control and Prevention provides the following guidelines on vaccine-preventable diseases: Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>; What Vaccines are Recommended for You: <https://www.cdc.gov/vaccines/adults/rec-vac/index.html>; Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2021: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>; and Pneumococcal Vaccines: IAC Answers Your Questions: <http://immunize.org/catg.d/p2015.pdf>.**

#### Element(s) of Performance for IC.02.04.03

- 1. The organization develops protocols on when to administer the influenza vaccine to a patient or resident. R  D
- 1. **The organization follows national guidelines on when to administer recommended vaccinations including influenza, pneumococcal, and COVID-19 vaccines to a patient or resident. Note: The Advisory Committee on Immunization Practices provides best practice guidelines at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>.** R  D

2. Patients and residents identified as being high-risk for influenza are vaccinated. \* R
- Footnote \*: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>).
2. Patients and residents identified as being high-risk for vaccine-preventable diseases such as influenza, pneumonia, or COVID-19 are vaccinated. R
- Note:** The Centers for Disease Control and Prevention provides guidelines on high-risk populations and infection control measures at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>; <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>; and <http://immunize.org/catg.d/p2015.pdf>.

### IC.02.04.05

The organization provides the pneumococcal vaccination to at-risk patients and residents.

#### Element(s) of Performance for IC.02.04.05

1. The organization develops protocols on when to administer the pneumococcal vaccine to a patient or resident. R
2. Patients and residents identified as being high-risk for pneumococcal infection are vaccinated.\* R
- Footnote \*: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Pneumococcal polysaccharide vaccine (PPSV): CDC answers your questions <http://immunize.org/catg.d/p2015.pdf>).

### IC.02.05.01

Implement evidence-based practices to prevent health care-associated infections due to the following:

- Multidrug-resistant organisms (MDRO)
- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)

#### Element(s) of Performance for IC.02.05.01

4. The organization educates staff about indwelling devices and the importance of infection prevention. Education occurs upon hire and when involvement in indwelling device care is added to an individual's job responsibilities. Ongoing education and competence assessment occur at intervals established by the organization. D
- (See also HR.01.05.03, EP 5; HR.01.06.01, EP 1)

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

Leadership (LD) Chapter

**LD.03.01.01**

Leaders create and maintain a culture of safety and quality throughout the organization.

**Element(s) of Performance for LD.03.01.01**

10. Leadership promotes staff wellness and provides resources and support as appropriate.  
**Note 1: Resources and support are particularly important when staff experience physically or emotionally demanding conditions like public health emergencies, the death of a patient or resident, and staff shortages.**  
**Note 2: Staff support may include reflective meetings with leadership, or other ways for staff to express feelings, encourage and incentivize wellness activities. Resources may include education on the importance of job-related stressors and self-care and referral to an Employee Assistance Program when appropriate.**

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**LD.03.01.02**

Leaders create and maintain a culture of person-centered care.

**Element(s) of Performance for LD.03.01.02**

1. Leaders work in partnership with patients, residents, families, and staff to evaluate the organization's culture in regard to providing person-centered care. The evaluation is documented.  
~~Note: Some commonly used resources for culture evaluation include The Artifacts of Culture Change, developed by the Centers for Medicare & Medicaid Services and Edu-Catering, LLP; Eden Alternative Principles in Action tool; and Long-Term Care Improvement Guide, published by Planetree and Picker Institute.~~  
 (See also PI.01.01.01, EP 14)
1. Leaders work in partnership with patients, residents, families, and staff to evaluate the organization's culture in regard to providing person-centered care. The evaluation is documented.  
 (See also PI.01.01.01, EP 14)

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	D
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4. Leadership supports the building of authentic, caring relationships between staff and patients and residents.  
**Note: Support may include education, competency exercises, and relationship-building activities.**

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**LD.03.06.01**

Those who work in the organization are focused on improving safety and quality.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;



**Element(s) of Performance for LD.03.06.01**

- |  |   |
|--|---|
| <p>2. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.<br/>(See also HR.01.02.05, EPs 21, 23)</p>  | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. <b>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.</b><br/><b><u>Note: Leadership must include recruitment and retention strategies that promote stable staffing levels.</u></b><br/>(See also HR.01.02.05, EPs 21, 23; <b>IC.01.01.01, EP 3</b>)</p> | <input type="checkbox"/> <input type="checkbox"/> |

**LD.03.07.01**

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

**Element(s) of Performance for LD.03.07.01**

- |   |   |
|---|---|
| <p>2. As part of performance improvement, leaders do the following:<br/>         - Set priorities for performance improvement activities and patient health outcomes<br/>         - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities<br/>         - Identify the frequency of data collection for performance improvement activities<br/>         - Reprioritize performance improvement activities in response to changes in the internal or external environment<br/>         (See also PI.01.01.01, EP 2; PI.02.01.01, EP 1)</p>   | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. <b>As part of performance improvement, leaders do the following:</b><br/>         - <b>Set priorities for performance improvement activities and patient health outcomes</b><br/>         - <b>Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities</b><br/>         - <b>Identify the frequency of data collection for performance improvement activities</b><br/>         - <b>Reprioritize performance improvement activities in response to changes in the internal or external environment</b><br/>         (See also PI.01.01.01, EPs 2, 8, 9; PI.02.01.01, EP 1)</p> | <input type="checkbox"/> <input type="checkbox"/> |

**LD.03.09.01**

The organization has an organizationwide, integrated patient and resident safety program.

**Element(s) of Performance for LD.03.09.01**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

6. The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

Note: Support systems recognize that conscientious ~~health-care workers~~ who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.

6. **The leaders make support systems available for staff who have been involved in an adverse or sentinel event.**

**Note: Support systems recognize that conscientious staff members who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.**

### LD.03.10.01

~~For organizations that elect The Joint Commission Post-Acute Care Certification option: The organization uses clinical practice guidelines to guide the provision of rehabilitation and advanced care services.~~

**The organization uses clinical practice guidelines, when available, to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.**

#### Element(s) of Performance for LD.03.10.01

5. For organizations that elect The Joint Commission Memory Care Certification option: The program uses current clinical practice guidelines and evidence-based practices to guide the provision of care, treatment, and services and evaluate and modify the program.

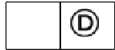
Note: Clinical practice guidelines and evidence-based practices include nationally recognized guidelines and practices, as well as guidelines and practices developed by individual organizations to address their particular circumstances.

### LD.04.01.05

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

#### Element(s) of Performance for LD.04.01.05

12. The organization has a structured program to detect possible signs and symptoms of dementia and for the care of patients and residents with dementia. At a minimum, the organization describes the following program elements in writing:



- Cognitive screening or other processes to detect signs/symptoms of dementia
- Plan of care that addresses the individualized needs of the patient or resident
- Environmental considerations or adaptations
- Obtaining a behavioral, social, spiritual, and cultural history
- Staffing requirements, orientation, and training related to recognizing signs/symptoms of dementia and the care of residents with dementia
- Family involvement and participation

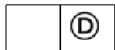
Note: A valuable resource is the "Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes." It can be found on the Alzheimer's Association website at <http://www.alz.org/>.

### LD.04.01.07

The organization has policies and procedures that guide and support patient and resident care, treatment, and services.

#### Element(s) of Performance for LD.04.01.07

13. The organization has written policies and procedures that guide the use of restraint or seclusion. The organization's policies and procedures in accordance with law and regulation include the following:




- A definition of restraint and seclusion
  - The criteria for using restraints or seclusion
  - The circumstances under which restraint or seclusion is discontinued
  - Processes that minimize the use of restraints or seclusion
  - Who has authority to order and discontinue the use of restraint and seclusion
  - Who can initiate the use of restraint or seclusion
  - Who is responsible for monitoring and assessing residents in restraint or seclusion
  - Time frames for assessing and monitoring residents in restraint or seclusion
  - Physician and other licensed practitioner training requirements
  - Staff training requirements
- (See also HR.02.02.01, EP 4)


## Medication Management (MM) Chapter

### MM.05.01.09

Medications are labeled.

#### Element(s) of Performance for MM.05.01.09

Key:  indicates that documentation is required;

 indicates an identified risk area;

7. When preparing individualized medications for multiple patients, the label also includes the following:

- The patient's or resident's name
- The location where the medication is to be delivered
- Directions for use and applicable accessory and cautionary instructions  
(See also NPSG.01.01.01, EP 1)

7. **When preparing individualized medications for multiple patients, the label also includes the following:**

- **The patient's or resident's name**
- **The physical location where the medication is to be delivered**
- **Directions for use and applicable accessory and cautionary instructions**  
(See also NPSG.01.01.01, EP 1)

10. When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following:

- The patient's or resident's name
- The location where the medication is to be delivered
- Directions for use and applicable accessory and cautionary instructions  
(See also NPSG.01.01.01, EP 1)

10. **When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following:**

- **The patient's or resident's name**
- **The physical location where the medication is to be delivered**
- **Directions for use and applicable accessory and cautionary instructions**  
(See also NPSG.01.01.01, EP 1)

**MM.07.01.01**

The organization monitors patients and residents to determine the effects of their medication(s).

**Element(s) of Performance for MM.07.01.01**

13. **The organization has a process for minimizing the risks associated with polypharmacy, which may include reviewing medications, adjusting medications to align with changes to the plan for care, and deprescribing medications when appropriate.**

National Patient Safety Goals (NPSG) Chapter

**NPSG.14.01.01**

Key: **D** indicates that documentation is required;

**R** indicates an identified risk area;

Assess and periodically reassess each patient's and resident's risk for developing a pressure injury and take action to address any identified risks.

**Assess and periodically reassess each patient's and resident's risk for either developing a pressure injury or worsening of their existing pressure injury. Take action to address any identified risks.**

**Element(s) of Performance for NPSG.14.01.01**

- |    |   |  |  |   |
|----|---|--|--|---|
| 1. | Create a written plan for the identification of risk for and prevention of pressure injuries.   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
|    | D   |  |  |   |
| 1. | <b>Create a written plan for <u>risk</u> identification, prevention, and treatment of pressure injuries based on clinical practice guidelines and evidence-based practices.</b>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
|    | D   |  |  |   |
| 2. | Perform an initial assessment at admission to identify patients and residents at risk for pressure injuries.  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |
| 3. | <del>Conduct a systematic risk assessment for pressure injuries using a validated risk assessment tool such as the Braden Scale or Norton Scale.</del>  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |
| 2. | <b>Perform an initial <u>systematic</u> assessment at admission to identify patients and residents at risk for pressure injuries. Risk assessment <u>tools</u> such as Braden Scale or Norton scale <u>should be used in conjunction with a clinical assessment</u>.</b>  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |
| 3. | <b>When a pressure injury is diagnosed, treatment to stop the progression of the wound should be immediate and align with best practices. Documentation must include prevention methods, treatment plans, wound measurements, description of any exudate, wound stage, and photographic imaging when available.<br/>Note: The National Pressure Ulcer Advisory Panel clinical practice guidelines are an evidence-based resource.</b> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |
| 4. | Reassess pressure injury risk at intervals defined by the organization.   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |
| 4. | <b>Reassess pressure injury risk <u>or wound condition</u> at intervals defined by the organization <u>or as ordered by a physician or other licensed practitioner</u>.</b>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|    |   |  |  |   |

Key: **D** indicates that documentation is required;

**R** indicates an identified risk area;

5. Take action to address any identified risks to the patient or resident for pressure injuries, including the following: □ □

- Preventing injury to patients and residents by maintaining and improving tissue tolerance to pressure in order to prevent injury
- Protecting against the adverse effects of external mechanical forces

5. **Take action to address any identified risks to the patient or resident for pressure injuries, including the following:** □ □

- Prevent injury to patients and residents by maintaining and improving tissue tolerance
- Keep skin clean and dry
- Prevent friction and shear
- Protect against the adverse effects of external mechanical forces

6. Educate staff on how to identify risk for and prevent pressure injuries. □ □

6. **Staff receive initial and ongoing education, according to time frames determined by the organization, on how to identify risk for and prevent pressure injuries.** □ □

7. **Staff receive training, according to time frames determined by the organization, on identifying the signs of a new pressure injury and the immediate actions to take prior to providing care, treatment, and services.** □ (D)

8. **Physicians and other licensed practitioners receive ongoing training on pressure injury risk identification, prevention protocols, staging, and documentation.** □ (D)

9. **Educate patients, residents, and families about pressure injury prevention.** □ □

## Provision of Care, Treatment, and Services (PC) Chapter

### PC.01.02.01

The organization assesses and reassesses its patients and residents.

#### Element(s) of Performance for PC.01.02.01

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

- The patient's or resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The patient's or resident's physical and neuropsychiatric status
- The patient's or resident's skin condition

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

- The patient's or resident's communication status
- The patient's or resident's functional status
- Whether or not the patient or resident smokes, and if so, the patient's or resident's ability to meet the organization's written criteria under which one may smoke
- The patient's or resident's rehabilitation status, potential, and needs
- The patient's or resident's nutritional and hydration status
- The patient's or 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 patient's or resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment
- The patient's or resident's psychosocial and spiritual needs
- The patient's or resident's cultural and ethnic factors that can influence care, treatment, and services
- The patient's or resident's personal preferences regarding schedules, activities, and grooming
- For the dying patient or resident, the social, spiritual, and cultural variables that influence both the patient's or resident's and family's perceptions and experience of the process of dying  
(See also EC.02.01.03, EP 3)

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



- **The patient's or resident's current diagnoses and health conditions, including infectious disease screening as defined by state or local health authorities and/or the Centers for Disease Control and Prevention**
- **The patient's or resident's pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments**
- **The patient's or resident's physical and neuropsychiatric status**
- **The patient's or resident's skin condition**
- **The patient's or resident's communication status**
- **The patient's or resident's functional status**
- **Whether or not the patient or resident smokes, and if so, the patient's or resident's ability to meet the organization's written criteria under which one may smoke**
- **The patient's or resident's rehabilitation status, potential, and needs**
- **The patient's or resident's nutritional and hydration status**
- **The patient's or 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 patient's or resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment**
- **The patient's or resident's psychosocial and spiritual needs**
- **The patient's or resident's cultural and ethnic factors that can influence care, treatment, and services**
- **The patient's or resident's personal preferences regarding schedules, activities, and grooming**
- **For the dying patient or resident, the social, spiritual, and cultural variables that influence both the patient's or resident's and family's perceptions and experience of the process of dying**  
(See also EC.02.01.03, EP 3)

41. When assessing patients or residents for changes in cognition, ~~the organization~~ uses evidence-based cognitive and functional assessment tools. \*

~~Footnote~~ \*: 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.

41. **When assessing patients or residents for changes in cognition, a qualified clinician uses evidence-based cognitive and functional assessment tools.**

**Note 1: For a clinician 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), Clock Test, Global Deterioration Scale (GDS), Functional Activities Questionnaire (FAQ), Montreal Cognitive Assessment (MoCA), and Allen Cognitive Disability Scale.**

42. For patients or residents with dementia, the organization involves, to the degree possible, the patient or resident and their family in the assessment and reassessment of the following:

- Behavioral expressions, including signs of potential delirium
- Sensory capabilities
- Swallowing abilities
- Decision-making capacity
- Sleep patterns
- Weight loss patterns, if applicable
- Depression screening
- Wandering patterns, if applicable, and conditions under which wandering occurs
- Elopement risk assessment
- ~~- The reason(s) why antipsychotic medication has been prescribed~~
- Physical function capabilities
- Variances in physical and cognitive function based on time of day
- Attention span during meals that may affect hydration and food consumption
- Environmental factors that minimize distress

Note: Examples of environmental factors that may create distress for patients or residents with dementia include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, and floor surfaces; and flooring patterns that create the perception of level changes.

(See also PC.01.03.01, EP 48)



42. For patients or residents with dementia, the organization involves, to the degree possible, the patient or resident and their family in the assessment and reassessment of the following:
- Understanding an individual’s perceptions that contribute to their own reality
  - Health status and medical and psychiatric comorbidities
  - Medications, including any contraindications and antipsychotic medications and the reason they have been prescribed
  - Behavioral expressions, including signs of potential delirium
  - Sensory capabilities
  - Swallowing abilities
  - Decision-making capacity
  - Sleep patterns
  - Weight loss patterns, if applicable
  - Depression screening
  - Wandering patterns, if applicable, and conditions under which wandering occurs
  - Elopement risk assessment
  - Physical function capabilities
  - Pain management
  - Variances in physical and cognitive function based on time of day
  - Attention span during meals that may affect hydration and food consumption
  - Environmental factors that minimize distress
  - Psychological, social, and spiritual activity and well-being
  - Outcomes of therapeutic interventions
- Note 1:** Examples of environmental factors that may create distress for patients or residents with dementia include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, and floor surfaces; and flooring patterns that create the perception of level changes.
- Note 2:** Assessments are used to get to know the person living with dementia and establish and cultivate a relationship with the resident.
- (See also PC.01.03.01, EP 48)

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54. For organizations that elect The Joint Commission Memory Care Certification option: The organization uses standardized person-centered care and decision-making assessment tools when assessing patients and residents diagnosed with dementia.

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**PC.01.02.03**

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

**Element(s) of Performance for PC.01.02.03**

Key: **(D)** indicates that documentation is required;

**(R)** indicates an identified risk area;

3. Each patient or resident is reassessed based on their plan of care or changes in their condition.    
 Note: Reassessments may also be based on the patient's or resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or their setting requirements, acuity, and needs.

3. **Each patient or resident is reassessed based on their plan of care or changes in their physical or mental condition.**    
**Note: Reassessments may also be based on the patient's or resident's diagnosis; signs and symptoms of infectious disease(s) as defined by the state or local health authorities and/or the Centers for Disease Control and Prevention; desire for care, treatment, and services; response to previous care, treatment, and services; and/or their setting requirements, acuity, and needs.**

~~23. The organization reassesses each patient or resident based on the following:~~    
~~–The patient's or resident's plan of care~~  
~~–Changes in the patient's or resident's condition~~  
~~–The scheduled evaluation of the patient's or resident's interdisciplinary plan of care~~

30. **For organizations that elect The Joint Commission Memory Care Certification option: A qualified provider reassesses residents diagnosed with dementia every six months or more frequently if there is a change in condition.**

**PC.01.02.05**

Qualified staff or licensed independent practitioners assess and reassess the patient or resident.

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

**Element(s) of Performance for PC.01.02.05**

9. **All patient and 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, physicians, or other licensed practitioners in accordance with law and regulation.**

**PC.02.01.01**

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

**Element(s) of Performance for PC.02.01.01**

31. **For organizations that elect The Joint Commission Memory Care Certification option: The organization supervises patients and residents based upon their individual needs.**

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;

**PC.02.01.05**

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

**Element(s) of Performance for PC.02.01.05**

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|---|--|--|--|
| <p>31. For patients or residents with dementia, the interdisciplinary team discusses care, treatment, and services with the family on an ongoing basis including the following:</p> <ul style="list-style-type: none"> <li>- The presence of behavioral <del>symptoms</del></li> <li>- Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications</li> <li>- Use of any psychotropic medications</li> <li>- Interventions to promote optimal physical function</li> </ul> | <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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| <p>31. For patients or residents with dementia, the interdisciplinary team discusses care, treatment, and services with the family <u>or surrogate decision-maker</u> on an ongoing basis including the following:</p> <ul style="list-style-type: none"> <li>- The presence of behavioral <u>expressions of unmet needs</u></li> <li>- Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications</li> <li>- Use of any psychotropic medications</li> <li>- Interventions to promote optimal physical function</li> </ul> | <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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| <p>39. When staff identify signs of a change in a patient’s or resident’s condition they respond in accordance with policies and procedures. Policies and procedures include who should be notified of changes and what information needs to be documented in the patient’s or resident’s record.</p> | <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">ⓓ</td> </tr> </table> |  | ⓓ |
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**PC.02.01.15**

Patients and residents at risk for health-related complications receive preventive care.

**Element(s) of Performance for PC.02.01.15**

Key: ⓓ indicates that documentation is required; **R** indicates an identified risk area;

1. The organization provides preventive care to avoid complications resulting from the patient's or resident's inactivity, including the following:
- Encouraging and helping patients and 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

1. **The organization provides preventive care to avoid complications resulting from the patient's or resident's inactivity, including the following:**
- **Encouraging and helping patients and residents to spend time out of bed, except when prohibited by a physician's order or if this would contradict the individualized plan of care**
  - **Maintaining proper body position and alignment**
  - **Helping with ambulation, including maintenance of gait training**
  - **Providing active and passive range-of-motion exercises**

4. The organization provides preventive care to avoid complications arising from social isolation, including the following:
- Encouraging and helping chair-fast patients and residents to leave their rooms for a change in environment
  - Helping patients and residents cope with the effects of illness, disability, treatment, or stay in the organization

4. **The organization provides preventive care to avoid complications arising from social isolation, including the following:**
- **Encouraging and helping chair-fast patients and residents to leave their rooms for a change in environment**
  - **Helping patients and residents cope with the effects of illness, disability, treatment, or stay in the organization**
  - **Using the least restrictive visitation practices and considering alternate options when restrictions are necessary**

9. **For organizations that elect The Joint Commission Memory Care Certification option: The organization coordinates the management of each patient's and resident's comorbidities and dementia care.**

### PC.02.02.01

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

#### Element(s) of Performance for PC.02.02.01

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

27. For organizations that elect The Joint Commission Memory Care Certification option: The interdisciplinary team conducts regular patient or resident care conferences with its members and other program staff members as needed to discuss patient- and resident-centered goals of care, disease prognosis, and advance care planning. The frequency of these patient and resident care conferences is defined by the program and based on the needs of its population. **Note:** Patient and resident care conferences include members of the interdisciplinary team and other program staff members as required to meet the needs of the program’s patients, residents, and families. These conferences may be done in a variety of formats, including face-to-face meetings, teleconference, or videoconference.

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**PC.02.02.02**

For organizations that elect a Joint Commission Certification option: An individual(s) coordinates the provision of specialty care, treatment, and services for patients and residents.

**Element(s) of Performance for PC.02.02.02**

3. For organizations that elect The Joint Commission Memory Care Certification option: The organization designates a qualified individual(s), experienced and trained in the care of patients or residents with dementia, who coordinates the provision of dementia care and services. (For more information, refer to Standard HR.01.02.01)  
**Note:** Examples of training may include dementia-specific educational conferences, participation in the GARES™ Dementia Basics Program, or GARES™ Dementia Advanced Care Program.
3. For organizations that elect The Joint Commission Memory Care Certification option: The organization designates a qualified individual(s), experienced and trained in the care of patients or residents with dementia, who coordinates the provision of dementia care and services. (For more information, refer to Standard HR.01.02.01)

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4. For organizations that elect The Joint Commission Memory Care Certification option: The individual(s) who coordinates the provision of dementia care and services does the following: □ □
- Coordinates patient and resident activities that match the individual’s interests, cognitive ability, memory, attention span, language, reasoning ability, and physical function
  - Monitors staff performance regarding personalized approaches to address behavioral expressions of unmet needs (Refer to HR.01.05.03, EP 24)
  - Monitors staff performance regarding communication techniques for patients and residents with memory impairment
- Note: Examples of communication techniques include speaking clearly; staying calm; using simple sentences, and using visual cues.
- Fosters an authentic learning environment through coaching and modeling of effective dementia care practices (Refer to IM.03.01.01, EP 5 and HR.01.05.03, EP 24)
  - Coordinates internal resources and provides information on how to access external resources in response to family support needs (Refer to PC.02.01.08, EP 7)
  - Communicates the dementia program’s quality and safety needs to leadership (For more information, refer to Standard LD.02.03.01)
  - Participates in the evaluation of cognitive devices and equipment to support the care and treatment of patients or residents with dementia
- Note: An organization may designate more than one individual to coordinate the provision of dementia care and services as long as each individual performs the roles listed above.

4. For organizations that elect The Joint Commission Memory Care Certification option: The individual(s) who coordinates the provision of dementia care and services does the following: □ □
- Coordinates patient and resident activities that match the individual’s interests, cognitive ability, memory, attention span, language, reasoning ability, and physical function
  - Monitors staff performance regarding personalized approaches to address behavioral expressions of unmet needs (Refer to HR.01.05.03, EP 24)
  - Monitors staff performance regarding communication techniques for patients and residents with memory impairment
- Note: Examples of communication techniques include speaking clearly; staying calm; using simple sentences; using visual cues; and offering clear, step-by-step guidance when giving instructions.
- Fosters an authentic learning environment through coaching and modeling of effective dementia care practices (Refer to IM.03.01.01, EP 5 and HR.01.05.03, EP 24)
  - Coordinates internal resources and provides information on how to access external resources in response to family support needs (Refer to PC.02.01.08, EP 7)
  - Communicates the dementia program’s quality and safety needs to leadership (For more information, refer to Standard LD.02.03.01)
  - Participates in the evaluation of cognitive devices and equipment to support the care and treatment of patients or residents with dementia
- Note: An organization may designate more than one individual to coordinate the provision of dementia care and services as long as each individual performs the roles listed above.

**PC.02.02.09**

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

**Element(s) of Performance for PC.02.02.09**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

4. ~~For patients or residents with dementia~~, the organization provides activities that accomplish the following: □ □
- Recognize the patient or resident ~~with dementia~~ as a mature adult
  - Encompass both small groups with similar cognitive levels and one-to-one opportunities
  - Match the patient's or resident's cognitive, sensory, and physical capabilities
  - Promote engagement in a manner that supports the patient's or resident's communication ability
  - Match the patient's or resident's past and current interests
  - Promote creative artistic expression
  - Meet the patient's or resident's spiritual or religious needs
  - Allow for flexibility based on the patient's or resident's sleep and wake patterns
- (See also PC.01.03.01, EP 48)

4. **The organization provides activities that accomplish the following:** □ □
- **Recognize the patient or resident as a mature adult**
  - **Encompass both small groups with similar cognitive levels and one-to-one opportunities**
  - **Match the patient's or resident's cognitive, sensory, and physical capabilities**
  - **Promote engagement in a manner that supports the patient's or resident's communication ability**
  - **Match the patient's or resident's past and current interests**
  - **Promote creative artistic expression**
  - **Meet the patient's or resident's spiritual or religious needs**
  - **Allow for flexibility based on the patient's or resident's sleep and wake patterns**
  - **Include activity options that allow for unplanned participation**
- (See also PC.01.03.01, EP 48)

8. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides opportunities for family of patients and residents with dementia to be involved in activity programs. □ □

8. **For organizations that elect The Joint Commission Memory Care Certification option: The organization provides planned and unplanned opportunities for families of patients and residents with dementia to be involved in activity programs.** □ □

**PC.02.03.01**

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

**Element(s) of Performance for PC.02.03.01**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

10. Based on the patient's or resident's assessed needs, the education and training provided to the patient or resident by the organization include, but are not limited to, the following:
- Education regarding the patient's or resident's 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
  - 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
  - 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 patient or resident reach maximum independence
  - Physical risks within the environment of care
- (See also MM.06.01.01, EP 9; MM.06.01.03, EP 3)

10. Based on the patient's or resident's assessed needs, the education and training provided to the patient or resident by the organization include, but are not limited to, the following:
- Education regarding the patient's or resident's illness
  - An explanation of the plan for care, treatment, and services
  - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
  - Basic health practices and safety
  - Fall reduction strategies
  - Person-centered care strategies
  - Patient's and resident's rights and responsibilities
  - Information on the safe and effective use of medications
  - Nutrition interventions (for example, supplements) and modified diets
  - Infection prevention and control policies and procedures, including reasons for using personal protective equipment or for cohorting
  - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
  - 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 patient or resident reach maximum independence
  - Physical risks within the environment of care
- (See also MM.06.01.01, EP 9; MM.06.01.03, EP 3)



29. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides a support group for family members of patients or residents with dementia that meets at a frequency determined by the organization.

29. **For organizations that elect The Joint Commission Memory Care Certification option: The organization provides a support group for family members of patients or residents with dementia that meets at a frequency determined by the organization.**    
Note: If the organization does not offer a support group, it must provide the family with a list of support groups available in the community.

34. **For organizations that elect The Joint Commission Memory Care Certification option: The organization provides information to residents, families, and caregivers on the following topics:**    
 - Brain health and cognitive aging  
 - Disease stages and progression  
 - Person-centered dementia care strategies  
 - Treatment options including nonpharmaceutical interventions and medications  
 - Use of physical or chemical restraints or seclusion  
 - Transfer protocols, including criteria for transfers and transition processes  
 - End-of-life considerations

**PC.03.02.09**

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

**Element(s) of Performance for PC.03.02.09**

6. Patients and residents or their surrogate decision-makers are permitted to refuse restraint.
6. **Patients and residents or their surrogate decision-makers are permitted to refuse restraint unless the resident's behavior is causing imminent danger to themselves or others.**

**PC.03.02.13**

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

**Element(s) of Performance for PC.03.02.13**

Key: **D** indicates that documentation is required;

**R** indicates an identified risk area;

2. Restraint is used only as follows:
- When alternatives to restraint do not meet the patient's or resident's needs as determined by the interdisciplinary team, with patient or resident and family involvement
  - When necessary to protect the safety of the patient or resident, other patients and residents, and staff
2. Restraint is used only as follows:
- When alternatives to restraint do not meet the patient's or resident's needs as determined by the interdisciplinary team, with patient or resident and family involvement
  - When necessary to protect the safety of the patient or resident, other patients and residents, and staff
  - In accordance with law and regulation

**PC.04.01.01**

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

**Element(s) of Performance for PC.04.01.01**

34. For organizations that elect The Joint Commission Memory Care Certification option: The organization documents the process for transitioning the responsibility for a patient's or resident's care from one clinician, 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 patient or resident
  - The patient's or resident's cognitive, sensory, and physical capabilities
  - Advanced care planning

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

**PC.04.02.01**

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

**Element(s) of Performance for PC.04.02.01**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

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| <p>8. For patients or residents with dementia, the organization provides the following patient or resident information to <del>other service</del> providers at the time of transfer or discharge:</p> <ul style="list-style-type: none"> <li>- A complete list of medications</li> <li>- Successful communication techniques</li> <li>- Successful personalized anxiety-reducing interventions that may promote a feeling of safety</li> </ul> <p>(See also PC.02.02.01, EPs 1, 2)</p>   | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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| <p>8. For patients or residents with dementia, the organization provides the following patient or resident information to <u>receiving</u> providers at the time of transfer or discharge:</p> <ul style="list-style-type: none"> <li>- A complete list of medications</li> <li>- Successful communication techniques</li> <li>- Successful personalized anxiety-reducing interventions that may promote a feeling of safety</li> <li>- <u>Identification of potential underlying cause(s) of behavioral expressions</u></li> <li>- <u>Successful personalized approaches to care</u></li> <li>- <u>The patient's or resident's cognitive, sensory, and physical capabilities</u></li> <li>- <u>Advanced care planning</u></li> </ul> <p>(See also PC.02.02.01, EPs 1, 2)</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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## Performance Improvement (PI) Chapter

### PI.01.01.01

The organization collects data to monitor its performance.

#### Element(s) of Performance for PI.01.01.01

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| <p>8. The organization collects data on the following: The use of restraints.</p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p>8. <b>The organization collects data on the following: The use of restraints.</b><br/><b>(See also LD.03.07.01, EP 2)</b></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
|  | D   |  |   |
| <p>9. The organization collects data on the following: The use of seclusion.<br/>(See also LD.03.07.01, EP 2)</p>                | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
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## Record of Care, Treatment, and Services (RC) Chapter

### RC.02.01.01

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

#### Element(s) of Performance for RC.02.01.01

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

1. The clinical record contains the following demographic information:
- The patient's or resident's name, address, and date of birth ~~and the name of any legally authorized representative~~
  - The patient's or resident's sex
  - The patient's or resident's language and communication needs

1. The clinical record contains the following demographic information:
- The patient's or resident's name, address, and date of birth
  - Up-to-date contact information of family and any legally authorized representative
  - The patient's or resident's sex
  - The patient's or resident's language and communication needs

## Rights and Responsibilities of the Individual (RI) Chapter

### RI.01.06.05

The patient or resident has the right to an environment that preserves dignity and contributes to a positive self-image.

#### Element(s) of Performance for RI.01.06.05

32. The organization minimizes disruption and preserves the psychological safety and well-being of patients and residents when implementing infection prevention and control protocols.
- Note:** Minimizing disruptions can include allowing the patient or resident to return to their original accommodations when safe to do so.

### RI.02.01.01

The organization informs the patient or resident about the patient's or resident's responsibilities related to their care, treatment, and services.

#### Element(s) of Performance for RI.02.01.01

2. The organization informs the patient or resident about the patient's or resident's responsibilities in accordance with its policy.
- Note: Information about patient and resident responsibilities can be shared verbally, in writing, or both.
2. The organization informs the patient or resident about the patient's or resident's responsibilities in accordance with its policy.
- Note:** Information about patient and resident responsibilities must be in writing and signed by both parties.