The Joint Commission’s Accreditation Committee recently approved the 2015 accreditation and certification decision rules for all accreditation and certification programs. These decision rules are effective for surveys and reviews beginning January 1, 2015, and are shown in the boxes on pages 3–7 for accreditation programs and page 8 for certification programs. New text is underlined and deleted text is shown in strikethrough.

Most changes are editorial in nature and intended to clarify existing rules. These changes support actual practice and provide a more accurate set of decision rules. Specific changes to the accreditation and certification decision rules include the following:

- Deleted the Note from Preliminary Accreditation (PA) decision rule PA01 explaining that, because the first survey employs a subset of applicable standards, a Preliminary Accreditation decision remains in effect until the completion of the second full survey.
- Revised the decision rules for the add-on certification programs available to Joint Commission–accredited organizations. These optional programs include the following:
  - Primary Care Medical Home Certification for ambulatory care organizations, critical access hospitals, and hospitals
  - Behavioral Health Home Certification for behavioral health care organizations
    - Post–Acute Care Certification for nursing care centers
    - Memory Care Certification for nursing care centers
  - Revised Not Certified (NC) decision rule NC02 and Preliminarily Not Certified (PNC) decision rule PNC01 to reflect that both take effect after two unsuccessful opportunities.

Continued on page 3
**APPROVED: 2015 Accreditation and Certification Decision Rules for All Programs (continued)**

Continued from page 1

- Added Certified (CT) decision rule CT02 regarding the recommendation of certification after a successful on-site Evidence of Standards Compliance (ESC) follow-up review showing compliance with the original review Requirements for Improvement (RFIs).

The 2014 Update 2 to the comprehensive accreditation manuals, the 2015 certification manuals, and the November E-dition release will include these new accreditation and certification decision rules.

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**Official Publication of Joint Commission Requirements**

**2015 Accreditation Decision Rules**

**APPLICABLE TO ALL ACCREDITATION PROGRAMS UNLESS STATED OTHERWISE**

**Effective January 1, 2015**

**Denial of Accreditation**

Denial of Accreditation will be recommended when one or more of the following conditions are met:

<table>
<thead>
<tr>
<th>DA01</th>
<th>The [organization] does not permit the performance of any survey by The Joint Commission. (APR.02.01.01, EP 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA02</td>
<td>The [organization] has failed to resolve an Accreditation with Follow-up Survey or Contingent Accreditation status prior to withdrawing from the accreditation process.</td>
</tr>
<tr>
<td>DA03</td>
<td>The [organization] has failed to submit payment for survey fees or annual fees.</td>
</tr>
<tr>
<td>DA04</td>
<td>The [organization] has repeatedly failed to submit an ESC and/or MOS.</td>
</tr>
</tbody>
</table>

**Preliminary Denial of Accreditation**

Preliminary Denial of Accreditation will be recommended when one or more of the following conditions are met:

<table>
<thead>
<tr>
<th>PDA01</th>
<th>An Immediate Threat to Health or Safety exists for [patients], staff, or the public within the [organization]. (APR.09.04.01, EP 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDA02</td>
<td>The [organization's] [patients] have been placed at risk for a serious adverse outcome(s) due to significant and pervasive patterns, trends, and/or repeat findings.</td>
</tr>
<tr>
<td>PDA03</td>
<td>The [organization's] [patients] have been placed at risk for a serious adverse outcome because either an individual who does not possess a license, registration, or certification is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.</td>
</tr>
</tbody>
</table>

The following cross-reference applies to critical access hospitals and hospitals only:

(HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)

The following cross-reference applies to ambulatory care and office-based surgery only:

(HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)

The following cross-reference applies to nursing care centers only:

(HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)

The following cross-reference applies to behavioral health care, home care, and laboratory only:

(HR.01.02.07, EPs 1 and 2)

<table>
<thead>
<tr>
<th>PDA04</th>
<th>The [organization] does not possess a license, certificate, and/or permit, as or when required by applicable law and regulation, to provide the health care services for which the [organization] is seeking accreditation. (LD.04.01.01, EP 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDA05</td>
<td>The Joint Commission is reasonably persuaded that the [organization] submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation. Information provided by [an organization] and used by The Joint Commission for accreditation purposes must be accurate and truthful and may be received in the following ways:</td>
</tr>
</tbody>
</table>

- Provided verbally, in writing, or electronically
- Obtained through direct observation by, or in an interview with, or any other type of communication with a Joint Commission employee

*Continued on page 4*
### 2015 Accreditation Decision Rules (continued)

| CONT01 | If the Immediate Threat to Health or Safety abatement survey through direct observation or other determining method has demonstrated that the [organization] has implemented sufficient corrective action to warrant removal of the Immediate Threat, the Accreditation Committee may change the decision to Contingent. |
| CONT02 | The [organization] with a decision of Accreditation with Follow-up Survey has failed to resolve all requirements. |
| CONT03 | There is some evidence that the [organization] may have engaged in possible fraud or abuse. (LD.04.02.03, EP 3) |
| CONT04 | [An organization] undergoing an initial Joint Commission survey for deemed status has one or more Conditions of Participation scored as a Condition-level deficiency. Applicable to ambulatory care only: |
| CONT05 | [An organization] undergoing an initial Joint Commission survey demonstrates systemic patterns or trends of noncompliance with Joint Commission requirements or fails to successfully address all Requirements for Improvement (RFIs) in an Evidence of Standards Compliance (ESC) or Measure of Success (MOS). |
| CONT06 | [An organization] undergoing an initial Joint Commission survey has an individual who does not possess a license, registration, or certification who is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification. The following cross-reference applies to critical access hospitals and hospitals only: |

#### PDA06
The [organization] with a decision of Contingent Accreditation has failed to clear noncompliant standards as a result of the follow-up survey. Applicable to laboratory only:

#### PDA07
The laboratory has failed to comply with a cease testing order issued by The Joint Commission, one of its cooperative partners, or a regulatory agency. Applicable to laboratory only:

#### PDA08
The organization’s laboratory personnel have referred proficiency testing samples to another laboratory for analysis or participated in inter-laboratory communication regarding proficiency testing results before the results have been reported to the program provider. (QSA.01.04.01, EPs 1 and 2)
2015 Accreditation Decision Rules (continued)

(HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)
The following cross-reference applies to ambulatory care and office-based surgery only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)
The following cross-reference applies to nursing care centers only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)
The following cross-reference applies to behavioral health care, home care, and laboratory only:
(HR.01.02.07, EPs 1 and 2)
Note: Except as provided under rule PDA03.
Applicable to all except laboratory:

CONT07 [An organization] undergoing an initial and/or risk-related standards.
Joint Commission survey has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.
The following cross-reference applies to critical access hospitals, hospitals, home care, nursing care centers, and office-based surgery only:
(LS.01.01.01, EP 3; LS.01.02.01, EP 3)
The following cross-reference applies to ambulatory care and behavioral health care only:
(LS.01.01.01, EP 3)
The following Note applies to home care only:
Note: This rule applies to hospice inpatient facilities only.

Accreditation with Follow-up Survey
Note: The Accreditation with Follow-up Survey could occur within 30 days or up to six months after the decision is rendered.
Accreditation with Follow-up Survey will be recommended when one or more of the following conditions are met:

AFS01 The [organization] demonstrates systemic patterns, trends, and repeat findings primarily with direct
impact and/or risk-related standards.
AFS02 The [organization] demonstrates systemic patterns, trends, and repeat findings with indirect impact standards.
AFS03 The [organization] fails to successfully address all RFIs in an ESC or MOS.
AFS04 At least two on-site ESC demonstrate the need for continued monitoring to assess whether the [organization] sustains improvements.
AFS05 The [organization], which has failed to resolve one or more of its original RFIs, may be scheduled for a second Accreditation with Follow-up Survey.
Applicable to all except office-based surgery:

AFS06 The [organization] fails to submit participate in Intra-cycle Monitoring requirements.
Applicable to laboratory only:

AFS07 The laboratory fails to submit a written plan of action for unsuccessful proficiency testing after two requests from The Joint Commission.
Applicable to critical access hospitals, hospitals, and home care only:

AFS08 The [organization] has one or more Conditions of Participation scored as a Condition-level deficiency.
Note: This rule applies only to [organizations] that use accreditation for deemed status purposes and that are already Medicare certified.
Applicable to ambulatory care only:

AFS08 The ambulatory care organization has one or more Conditions for Coverage scored as a Condition-level deficiency.
Note: This rule applies only to organizations that use accreditation for deemed status purposes and that are already Medicare certified.

Note is applicable to home care only:

AFS09 An individual who does not possess a license, registration, or certification is providing or has provided
Continued on page 6
# 2015 Accreditation Decision Rules (continued)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFS10</td>
<td>The [organization] has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.</td>
</tr>
<tr>
<td></td>
<td>Note: Except as provided under rule PDA03 and CONT06.</td>
</tr>
<tr>
<td></td>
<td>Applicable to all except laboratory:</td>
</tr>
<tr>
<td>One-Month Survey</td>
<td>A one-month survey will be performed when the following condition is met:</td>
</tr>
<tr>
<td>FOC01</td>
<td>A full laboratory survey will be conducted when [an organization] providing laboratory services cannot demonstrate to The Joint Commission that its laboratory accreditation decision is in good standing with a Joint Commission–recognized accreditor or the accreditation is more than 24 months old.</td>
</tr>
<tr>
<td>Retrospective Cytology Survey</td>
<td>A retrospective cytology survey will be performed within 45 days when the following condition is met:</td>
</tr>
<tr>
<td>FOC02</td>
<td>A retrospective cytology survey will be conducted if, during a full laboratory survey, a laboratory providing cytology services is observed to have quality issues in this specialty. This will require a special survey that includes, but is not be limited to, a review of slides for diagnostic discrepancies, evaluation of policies and procedures, and verification of staff workload.</td>
</tr>
<tr>
<td>Proficiency Testing Monitoring Survey</td>
<td>A proficiency testing monitoring survey will be scheduled when the following condition is met:</td>
</tr>
<tr>
<td>PTM01</td>
<td>The laboratory has either initial or subsequent unsuccessful proficiency test performance and a determination is made that an on-site evaluation is required to assess either the plan of action or the plan for reinstatement when applicable, following cessation of testing (voluntary or involuntary).</td>
</tr>
<tr>
<td>Evidence of Standards Compliance (ESC)</td>
<td>An ESC will be required when the following condition is met:</td>
</tr>
<tr>
<td>ESC01</td>
<td>[An organization] has one or more noncompliant standards at the time of a survey event.</td>
</tr>
</tbody>
</table>
2015 Accreditation Decision Rules (continued)

On-site ESC Survey
An on-site ESC survey will be scheduled when the following condition is met:

ESC02 An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC is to be validated on-site.

Measure of Success (MOS)
An MOS for all applicable EP corrections will be required when the following condition is met:

MOS01 The [organization] has submitted a successful ESC for an EP that requires an MOS submission.

Preliminary Accreditation
Preliminary Accreditation will be recommended when the following condition is met:

PA01 The [organization] has demonstrated compliance with the selected standards used in the first survey conducted under the Early Survey Policy.

Applicable to ambulatory care and home care only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey (except for deemed status purposes). A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Applicable to critical access hospitals and hospitals only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full unannounced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Applicable to behavioral health care, laboratory, nursing care centers, and office-based surgery only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Accredited
Accreditation will be recommended when one or more of the following conditions are met:

A01 The [organization] is in compliance with all standards at the time of the on-site survey or has successfully addressed all RFIs in its first ESC submission and does not meet any rules for other accreditation decisions.

A02 The [organization], as a result of an on-site follow-up survey, is compliant with the original survey RFIs.

Note: Should additional RFIs be identified, appropriate decision rules apply.

[Add-On] Certification
The following rules will be used for Joint Commission-accredited [organizations] that choose to achieve the add-on certification for Primary Care Medical Home Certification; Behavioral Health Home Certification; Post-Acute Care Certification; Memory Care Certification:

01 A Joint Commission-accredited [organization] will be certified for the [add-on certification] program if it is in compliance with all [add-on certification] standards at the time of the on-site survey.

0402 A Joint Commission-accredited [organization] that demonstrates systemic patterns and/or trends regarding noncompliant [add-on certification] standards/EPs will not be certified as a for the [add-on certification] program until if it has successfully addressed all [add-on certification] RFIs in its ESC submission.

0203 [An organization] surveyed for [add-on certification] A Joint Commission-accredited [organization] will not be certified for the [add-on certification] program if it does not meet all Joint Commission standards for [add-on certification] either at the time of its on-site survey or following submission of an ESC.

Continued on page 8
# 2015 Certification Decision Rules

**Applicable to All Certification Programs**

**Effective January 1, 2015**

### Not Certified

A decision of Not Certified will be recommended when one or more of the following conditions are met:

- **NCO1** The [staffing firm/program] does not permit the performance of any review by The Joint Commission. *(CPR 3, EP 1)*

- **NC02** The [staffing firm/program] has repeatedly failed to meet Joint Commission requirements after two opportunities.

### Preliminarily Not Certified

A decision of Preliminarily Not Certified will be recommended when the following condition is met:

- **PNC01** The [program/staffing firm] has repeatedly failed to successfully address all RFIs in an ESC or MOS after two opportunities.

### Evidence of Standards Compliance (ESC)

An ESC will be required when the following condition is met:

- **ESC01** A [program/staffing firm] has one or more standards scored not compliant at the time of a review event.

### On-site ESC Review

An on-site ESC review will be scheduled when the following condition is met:

- **ESC02** An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC is to be validated on-site.

### Measure of Success (MOS)

An MOS for all applicable EP corrections will be required when the following condition is met:

- **MOS01** The [staffing firm/program] has submitted a successful ESC for an EP that requires an MOS submission.

### Certified

A decision of Certified will be recommended when one or more of the following conditions are met:

- **CT01** The [program/staffing firm] is in compliance with all standards at the time of the on-site review or has successfully addressed all RFIs.

- **CT02** The [program/staffing firm], as a result of an on-site ESC follow-up review, is compliant with the original review RFIs.