**APPROVED: 2014 Accreditation and Certification Decision Rules**

The Joint Commission's Accreditation Committee approved the 2014 accreditation and certification decision rules for all accreditation and certification programs. The revised accreditation decision rules are effective for surveys as of January 1, 2014, while the revised certification decision rules are effective immediately. Revisions are shown in the boxes on pages 3–7 for accreditation programs and pages 8–9 for certification programs. New text is underlined and deleted text is shown in strikethrough.

These revisions are intended to clarify existing rules, support actual practice, and provide a more accurate set of decision rules for Joint Commission customers. Specific changes to the accreditation and certification decision rules include the following:

- Modified Contingent Accreditation (CONT) CONT01 so that the Accreditation Committee will determine if the organization’s corrective action is sufficient to change the decision from Preliminary Denial of Accreditation (PDA) to Contingent Accreditation.
- Added the failure to successfully address all Requirements for Improvement (RFIs) in submitting an Evidence of Standards Compliance (ESC) or Measure of Success (MOS) to CONT05.
- Introduced new certification decision rules due to a revised decision process in which the only two possible outcomes are Certified or Not Certified (see July 2013 Perspectives, page 19).

The 2013 Update 2 to the comprehensive accreditation manuals, the 2014 certification manuals, and the fall E-dition® release will include these new and revised decision rules. Questions about these 2014 rules may be directed to Gail Weinberger, MA, director, Accreditation and Certification Policy and Administration, at gweinberger@jointcommission.org or 630-792-5766.
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Approved: 2014 Accreditation and Certification Decision Rules (continued)

Effective January 1, 2014

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

DA01 The [organization] does not permit the performance of any survey by The Joint Commission. (APR.02.01.01, EP 1)

DA02 The [organization] has failed to resolve an Accreditation with Follow-up Survey or Contingent Accreditation status prior to withdrawing from the accreditation process.

DA03 The [organization] has failed to submit payment for survey fees or annual fees.

DA04 The [organization] has repeatedly failed to submit an ESC and/or MOS.

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

PDA01 An Immediate Threat to Health or Safety exists for [patients], staff, or the public within the [organization]. (APR.09.04.01, EP 1)

PDA02 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.

PDA03 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.

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 homes 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)

PDA04 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)

PDA05 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:

● 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

● Derived from documents supplied by the [organization] to The Joint Commission including, but not limited to, its application for accreditation or its root cause analysis (RCA) in response to a sentinel event

Continued on page 4
2014 Accreditation Decision Rules (continued)

<table>
<thead>
<tr>
<th>The following bullet applies to ambulatory care, behavioral health care, hospitals, home care, and laboratory only:</th>
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<tbody>
<tr>
<td>● Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the Focused Standards Assessment (FSA) process or the electronic application process</td>
</tr>
<tr>
<td>The following bullet applies to critical access hospitals and nursing homes only:</td>
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<tr>
<td>● Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the Focused Standards Assessment (FSA) process or the electronic application process</td>
</tr>
<tr>
<td>The following bullet applies to office-based surgery only:</td>
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<tr>
<td>● Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the electronic application process</td>
</tr>
<tr>
<td>If accreditation is denied following implementation of this rule, the [organization] shall be prohibited from participating in the accreditation process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (APR.01.02.01, EP 1)</td>
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</table>

**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)

**Contingent Accreditation**

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

**CONT01** If [the Immediate Threat to Health or Safety abatement survey has been successfully abated and verified 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)

Applicable to critical access hospitals, hospitals, and home care only:

**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:

**CONT04** An ambulatory care organization undergoing an initial Joint Commission survey for deemed status has one or more Conditions for Coverage scored as a Condition-level deficiency.

Applicable to nursing homes only:

**CONT04** A nursing home undergoing an initial Joint Commission survey for deemed status has one or more Conditions of Participation scored as a Condition-level deficiency.

**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: (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 homes 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 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, 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 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 ambulatory care, behavioral health care, hospitals, home care, and laboratory only:

**AFS06** The [organization] fails to submit Intracycle Monitoring requirements.

Applicable to nursing homes only:

**AFS06** The nursing home fails to submit Intracycle Monitoring requirements.

**Note:** This rule will not be implemented until January 1, 2014.

Applicable to critical access hospitals only:

**AFS06** The critical access hospital fails to submit Intracycle 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
<table>
<thead>
<tr>
<th>Rule Code</th>
<th>Rule Description</th>
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<tbody>
<tr>
<td><strong>AFS09</strong></td>
<td>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>
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<tr>
<td><strong>Note:</strong> This rule applies only to organizations that use accreditation for deemed status purposes and that are already Medicare certified.</td>
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<tr>
<td>The following Note applies to home care only:</td>
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<tr>
<td><strong>Note:</strong> This rule applies only to home health agencies and hospices that elect to use accreditation for deemed status purposes and that are already Medicare certified.</td>
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<td>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)</td>
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<td>The following cross-reference applies to behavioral health care, home care, and laboratory only: (HR.01.02.07, EPs 1 and 2)</td>
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<td><strong>Note:</strong> Except as provided under rule PDA03 and CONT06.</td>
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<tr>
<td><strong>AFS10</strong></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>
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<td>The following cross-reference applies to critical access hospitals, hospitals, home care, nursing homes, and office-based surgery only: (LS.01.01.01, EP 3; LS.01.02.01, EP 3)</td>
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<tr>
<td>The following cross-reference applies to ambulatory care and behavioral health care only: (LS.01.01.01, EP 3)</td>
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<td><strong>Note:</strong> Except as provided under rule CONT07.</td>
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<tr>
<td>Note 2 applies to home care only:</td>
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<tr>
<td><strong>Note 2:</strong> This rule applies to hospice inpatient facilities only.</td>
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<tr>
<td>The following cross-reference applies to critical access hospitals, hospitals, laboratory, and office-based surgery only:</td>
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<td><strong>One-Month Survey</strong> A one-month survey will be performed when the following condition is met:</td>
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<td><strong>FOC01</strong></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>
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<tr>
<td><strong>Note:</strong> Except as provided under rule CONT07.</td>
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<tr>
<td><strong>Note 2:</strong> This rule applies to hospice inpatient facilities only.</td>
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<tr>
<td>Applicable to laboratory only:</td>
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<tr>
<td><strong>Retrospective Cytology Survey</strong> A retrospective cytology survey will be performed within 45 days when the following condition is met:</td>
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<td><strong>FOC02</strong></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 to include, but not be limited to, a review of slides for diagnostic discrepancies, evaluation of policies and procedures, and verification of staff workload.</td>
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<tr>
<td><strong>Note:</strong> Except as provided under rule CONT07.</td>
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<td><strong>Note 2:</strong> This rule applies to hospice inpatient facilities only.</td>
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<td>Applicable to laboratory only:</td>
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<tr>
<td><strong>Proficiency Testing Monitoring Survey</strong> A proficiency testing monitoring survey will be scheduled when one or more of the following conditions are met:</td>
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| **PTM01** | 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
Evidence of Standards Compliance (ESC)
An ESC will be required when the following condition is met:
ESC01 [An organization] has one or more noncompliant standards at the time of a survey event.

On-site ESC Survey
An on-site ESC survey will be scheduled when the following condition is met:
ESC02 An on-site evaluation is 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.

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.

Applicable to ambulatory care, critical access hospital, and hospital only:

Primary Care Medical Home Certification
The following rule will be used for Joint Commission–accredited [organizations] that choose to achieve the Primary Care Medical Home certification:
PCMH01 A Joint Commission–accredited [organization] that demonstrates systemic patterns and/or trends regarding noncompliant Primary Care Medical Home standards/EPs will not be certified as a Primary Care Medical Home until it has successfully addressed all RFIs in its ESC submission.

PCMH02 [An organization] surveyed for Primary Care Medical Home certification does not meet Joint Commission standards.

Applicable to nursing homes only:

Rehabilitation and Advanced Care Certification
The following rules will be used for Joint Commission–accredited nursing homes that choose to achieve the Rehabilitation and Advanced Care certification:
RAC01 A Joint Commission–accredited organization that demonstrates systemic patterns and/or trends regarding noncompliant Rehabilitation and Advanced Care standard(s)/EPs will not be certified for Rehabilitation and Advanced Care until it has successfully addressed all RFIs in its ESC submission.

RAC02 An organization surveyed for Rehabilitation and Advanced Care certification does not meet Joint Commission standards.
Effective immediately

Denial of Certification

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

DC01NC01 The [staffing firm/program] does not permit the performance of any review by The Joint Commission. (CPR 3, EP 1)

DC02 The [staffing firm/program] has failed to resolve a Certification with Follow-up Review or Contingent Certification status prior to withdrawing from the certification process.

DC03 The [staffing firm/program] has failed to submit payment for review fees or annual fees.

DC04NC02 The [staffing firm/program] has repeatedly failed to submit an ESC and/or MOS or has failed to comply with elements of the intracycle evaluation meet Joint Commission requirements.

Preliminary Denial of Certification

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

PDC01 An Immediate Threat to Health or Safety exists for patients, staff, or the public [within the program/served by the staffing firm's employees]. (CPR 15, EP 1)

PDC02 The [program's patients/patients served by the staffing firm's employees] have been placed at risk for a serious adverse outcome(s) due to significant and pervasive patterns, trends, and/or repeat findings.

PDC03 The [program's patients/patients served by the staffing firm's employees] have been placed at risk for a serious adverse outcome because either an individual who does not possess a license, registration, or certification, or an individual is practicing outside the scope of his or her license, registration, or certification.

PDC04 The [staffing firm/program] does not possess a license, certificate, and/or permit, [as or when required by applicable law and regulation], to provide health care [staffing] services for which the organization is seeking certification.

PDC05 The Joint Commission is reasonably persuaded that the [staffing firm/program] submitted falsified documents or misrepresented information in seeking to achieve or retain certification. Information provided by a [staffing firm/program] and used by The Joint Commission for certification purposes must be accurate and truthful and may be received in the following ways:

- 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
- Derived from documents supplied by the [program/staffing firm] to The Joint Commission including, but not limited to, its application for certification or its root cause analysis in response to a sentinel event
- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the intracycle evaluation process or the electronic application process

If certification is denied following implementation of this rule, the [staffing firm/program] shall be prohibited from participating in the certification process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (CPR 7, EP 1)

PDC06 The [program/staffing firm] with a decision of Contingent Certification has failed to clear noncompliant standards as a result of the follow-up review.
### Contingent Certification

Contingent Certification will be recommended when one or more of the following conditions are met:

- **CONT01** The Immediate Threat to Health or Safety has been successfully abated and verified through direct observation or other determining method.
- **CONT02** The [program/staffing firm] with a decision of Certification with Follow-up Review has failed to resolve all requirements.
- **CONT03** The program undergoing an initial Joint Commission review demonstrates systemic patterns or trends of noncompliance with Joint Commission requirements.
- **CONT04** A [program/staffing firm] undergoing an initial Joint Commission review has an individual who does not possess a license, registration, or certification who is providing or has provided health care services in the [program/staffing firm] 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.

### Certification with Follow-up Review Preliminarily Not Certified

**Note:** The follow-up review could occur within 30 days or up to six months after the decision is rendered.

Certification with Follow-up Review Preliminarily Not Certified will be recommended when one or more of the following conditions are met:

- **CFR01** The [program/staffing firm] demonstrates systemic patterns, trends, and repeat findings primarily with direct impact standards.
- **CFR02** The [program/staffing firm] demonstrates systemic patterns, trends, and repeat findings with indirect impact standards.

### 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 eCompliance 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.

### Certification

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 in an ESC or MOS.
- **CT02** The [program/staffing firm], as a result of a follow-up review, is compliant with the original review RFIs.
- **CT03** The [program/staffing firm] shows sufficient evidence of continuing compliance with standards submitted at the time of the 12-month Intracycle Evaluation Report.