

	Hospital Citation Report for J													
	(Tags must have been cited twice or more	during t	the period	to be entered in	this roster.)									
			-	Spec										
				Purp		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		ılation Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Discharge Pl	anning	7	0											
A 0820	(3) The hospital must arrange for the initial implementation of													
	the patient's discharge plan. (5) As needed, the patient and													
	family members or interested persons must be counseled to					Recertification,								
	prepare them for post-hospital care.	2		FA25	Recertification	Follow-up								
A 0821	The hospital must reassess the patient's discharge plan if	2		11123	receimenton	1 onow-up							+	
	there are factors that may affect continuing care needs or the					Recertification,								
	appropriateness of the discharge plan.	2		FA25	Recertification	Follow-up								
A 0843	The hospital must reassess its discharge planning process on			17125	Receitmenton	Tollow-up								
	an on-going basis. The reassessment must include a review of													
	discharge plans to ensure that they are responsive to					Recertification.	Recertification,							
	discharge needs.	3		FA25	Recertification	Follow-up	Follow-up							
EMTALA		18	0											
	[The provider agrees,] in the case of a hospital as defined in			Effec	ctive	I								
A 2400	§489.24(b), to comply with §489.24	2			uary 1, Complaint	Complaint								
A 2406	Applicability of provisions of this section. (1) In the case of a	2		rAZ6 Febr	uary 1, Compiant	Complaint				+	+			
A 2400	hospital that has an emergency department, if an individual													
	(whether or not eligible for Medicare benefits and regardless													
	of ability to pay) "comes to the emergency department", as													
	defined in paragraph (b) of this section, the hospital must (i)													
	provide an appropriate medical screening examination within													
	the capability of the hospital's emergency department,													
	including ancillary services routinely available to the													
	emergency department, to determine whether or not an													
	emergency department, to determine whether or not an emergency medical condition exists. The examination must													
	be conducted by an individual(s) who is determined qualified													
	by hospital bylaws or rules and regulations and who meets													
	the requirements of §482.55 of this chapter concerning													
						Complaint,								
	emergency services personnel and direction; and	2		FA25	Complaint	Follow-up								



	Hospital Citation Report for Ja	nuary	1, 2018 - De	2										
	(Tags must have been cited twice or more	during t	the period	t										
Tag	Regulation	# Fed Cites	•	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	_	Deficiency #16 Survey Category	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
Discharge Pla	nning	7	0											
A 0820	(3) The hospital must arrange for the initial implementation of the patient's discharge plan. (5) As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care.	2												
A 0821	The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.	2												
A 0843	The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.	3												
EMTALA		18	0											
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24	2												
A 2406	Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and	2												



	Hospital Citation Report for J.	anuary 1	1, 2018 - De	cember 31,	2018										
	(Tags must have been cited twice or more	during t	the period			ster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		-	Deficiency #1	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 2406 (cont)	(b) If an emergency medical condition is determined to exist,														
	provide any necessary stabilizing treatment, as defined in														
	paragraph (d) of this section, or an appropriate transfer as														
	defined in paragraph (e) of this section. If the hospital admits														
	the individual as an inpatient for further treatment, the														
	hospital's obligation under this section ends, as specified in														
	paragraph (d)(2) of this section. (2) Nonapplicability of														
	provisions of this section. Sanctions under this section for														
	inappropriate transfer during a national emergency or for the														
	direction or relocation of an individual to receive medical														
	screening at an alternate location do not apply to a hospital														
	with a dedicated emergency department located in an														
	emergency area, as specified in section 1135(g)(1) of the Act.														
	A waiver of these sanctions is limited to a 72-hour period														
	beginning upon the implementation of a hospital disaster														
	protocol, except that, if a public health emergency involves a														
	pandemic infectious disease (such as pandemic influenza), the														
	waiver will continue in effect until the termination of the														
	applicable declaration of a public health emergency, as														
	provided for by section 1135(e)(1)(B) of the Act.			FA25											
A 2406 (cont)	(c) Use of Dedicated Emergency Department for														
	Nonemergency Services If an individual comes to a hospital's														
	dedicated emergency department and a request is made on														
	his or her behalf for examination or treatment for a medical														
	condition, but the nature of the request makes it clear that the														
	medical condition is not of an emergency nature, the hospital														
	is required only to perform such screening as would be														
	appropriate for any individual presenting in that manner, to														
	determine that the individual does not have an emergency														
	medical condition.			FA25											



	Hospital Citation Report for J	anuary 1	, 2018 - D	e										
	(Tags must have been cited twice or more													
		# Fed	# State	Deficiency #11 Survey	Survey	Deficiency #13 Survey	Survey	Survey	Deficiency #16 Survey	Survey	Survey	Deficiency #19 Survey	Deficiency #20 Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 2406 (cont)	(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the													
	applicable declaration of a public health emergency, as provided for by section 1135(e)(1)(B) of the Act.													
A 2406 (cont)	(c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.													



	Hospital Citation Report for J														
	(Tags must have been cited twice or more	during	the period	to be entere		ster.)									
		# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #1 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 2407	1) General. Subject to the provisions of paragraph (d)(2) of														
	this section, if any individual (whether or not eligible for														
	Medicare benefits) comes to a hospital and the hospital														
	determines that the individual has an emergency medical														
	condition, the hospital must provide either- (i) within the														
	capabilities of the staff and facilities available at the hospital,														
	for further medical examination and treatment as required to														
	stabilize the medical condition. (ii) For for transfer of the														
	individual to another medical facility in accordance with														
	paragraph (e) of this section. (2) Exception: Application to														
	inpatients. (i) If a hospital has screened an individual under														
	paragraph (a) of this section and found the individual to have														
	an emergency medical condition, and admits that individual						Complaint,								
	as an inpatient in good faith in order to stabilize the	2		FA25		Complaint	Follow-up								
A 2407 (cont)	emergency medical condition, the hospital has satisfied its														
	special responsibilities under this section with respect to that														
	individual. (ii) This section is not applicable to an inpatient														
	who was admitted for elective (nonemergency) diagnosis or														
	treatment. (iii) A hospital is required by the conditions of														
	participation for hospitals under Part 482 of this chapter to														
	provide care to its inpatients in accordance with those														
	conditions of participation. (3) Refusal to consent to														
	treatment. A hospital meets the requirements of paragraph														
	(d)(1)(i) of this section with respect to an individual if the														
	hospital offers the individual the further medical examination														
	and treatment described in that paragraph and informs the														
	individual (or a person acting on the individual's behalf) of														
	the risks and benefits to the individual of the			FA25											



	Hospital Citation Report for J													
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	,	-	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
A 2407	1) General. Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either- (i) within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition. (ii) For for transfer of the individual to another medical facility in accordance with paragraph (e) of this section. (2) Exception: Application to inpatients. (i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the	2												
A 2407 (cont)	emergency medical condition, the hospital has satisfied its special responsibilities under this section with respect to that individual. (ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment. (iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation. (3) Refusal to consent to treatment. A hospital meets the requirements of paragraph (d)(1)(i) of this section with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the													



	Hospital Citation Report for J	anuary 1	1, 2018 - De	ecember 31, 2018										
	(Tags must have been cited twice or more				roster.)									
			•	Special										
				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State	Regulati	on Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 2407 (cont)	examination and treatment, but the individual (or a person													
	acting on the individual's behalf) does not consent to the													
	examination or treatment. The medical record must contain a													
	description of the examination, treatment, or both if													
	applicable, that was refused by or on behalf of the individual.													
	The hospital must take all reasonable steps to secure the													
	individual's written informed refusal (or that of the person													
	acting on his or her behalf). The written document should													
	indicate that the person has been informed of the risks and													
	benefits of the examination or treatment, or both.													
				FA25										
C 0378	[The CAH is substantially in compliance with the following													
	SNF requirements contained in subpart B of part 483 of this													
	chapter:] Transfer, and discharge rights (§483.10(a)(5)): "(i)													
	Except when specified in paragraph (a)(5)(ii) of this section,													
	the notice of transfer or discharge required under paragraph													
	(a)(4) of this section must be made by the facility at least 30													
	days before the resident is transferred or discharged. (ii)													
	Notice may be made as soon as practicable before transfer or													
	discharge when- (A) the safety of individuals in the facility													
	would be endangered under paragraph (a)(2)(iii) of this													
	section; (B) The health of individuals in the facility would be													
	endangered, under paragraph (a)(2)(iv) of this section; (C)					Recertification,								
	The resident's health improves sufficiently to allow a more					Follow-								
	immediate transfer or discharge, under paragraph (a)(2)(ii) of				Recertification,	up/Revisit,								
	this section;	2		6R91	Relicensure	Relicensure								
C 0378 (cont.	·													
	resident's urgent medical needs, under paragraph (a)(2)(i) of													
	this section; or (E) A resident has not resided in the facility													
	for 30 days.			6R91										
C 0379	[The CAH is substantially in compliance with the following			0101		1							+	
0077	SNF requirements contained in subpart B of part 483 of this													
1	chapter:] Transfer, and discharge rights (§483.12(a)(6)): The													
1	written notice specified in paragraph (a)(4) of this section													
	must include the following: (i) The reason for transfer or					Recertification,				Recertification,				
						Follow-				Follow-				
	discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or				Pagartification	up/Revisit,			Recertification,					
	discharged;			6R91	Recertification, Relicensure	Relicensure	Recertification	Poportification	Relicensure	up/Revisit, Relicensure				
	uischargeu;	В		UK71	Rencensure	Kencensure	Recertification	Recertification	Kencensure	Rencensure		1		



	Hospital Citation Report for J.	anuary 1	, 2018 - D	e										
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
A 2407 (cont)	examination and treatment, but the individual (or a person	Cites	Cites	Category										
A 2407 (cont)	acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both.													
C 0378	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Transfer, and discharge rights (§483.10(a)(5)): "(i) Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice may be made as soon as practicable before transfer or discharge when- (A) the safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;	2												
C 0378 (cont.)	(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or (E) A resident has not resided in the facility for 30 days.													
C 0379	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Transfer, and discharge rights (§483.12(a)(6)): The written notice specified in paragraph (a)(4) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged;	6												



	Hospital Citation Report for	January	1, 2018 - D	ecember 31, 2018										
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				Purpose		Deficiency #2	_	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #1
		# Fed	# State		n Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0379 (cont.	0 11													
	action to the State; (v) The name, address and telephone													
	number of the State long term care ombudsman; (vi) For													
	nursing facility residents with developmental disabilities, the													
	mailing address and telephone number of the agency													
	responsible for the protection and advocacy of													
	developmentally disabled individuals established under Part													
	C of the Developmental Disabilities Assistance			6R91										
C 0379 (cont.	and Bill of Rights Act; and (vii) For nursing facility residents			OK)1										
C corr (corr.	who are mentally ill, the mailing address and telephone													
	number of the agency responsible for the protection and													
	advocacy of mentally ill individuals established under the													
	Protection and Advocacy for Mentally Ill Individuals Act.													
	1 Totection and Advocacy for Mentany in Individuals Act.			6R91										
C 2400	[The provider agrees,] in the case of a hospital as defined in													
ĺ	§489.24(b), to comply with §489.24.	2		6R91	Complaint	Complaint								
C 2409	(1) General If an individual at a hospital has an emergency													
	medical condition that has not been stabilized (as defined in													
	paragraph (b) of this section), the hospital may not transfer													
	the individual unless -													
	(i) The transfer is an appropriate transfer (within the meaning													
	of paragraph (e)(2) of this section); and													
	(ii)(A) The individual (or a legally responsible person acting													
	on the individual's behalf) requests the transfer, after being													
	informed of the hospital's obligations under this section and													
	of the risk of transfer.													
	The request must be in writing and indicate the reasons for													
	the request as well as indicate that he or she is aware of the													
	risks and benefits of the transfer	2		6R91	Complaint	Complaint								



	Hospital Citation Report for J	anuary	1, 2018 - De	2										
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Survey	Survey	Survey	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 0379 (cont.)	(iv) A statement that the resident has the right to appeal the			0 7										
	action to the State; (v) The name, address and telephone													
	number of the State long term care ombudsman; (vi) For													
	nursing facility residents with developmental disabilities, the													
	mailing address and telephone number of the agency													
	responsible for the protection and advocacy of													
	developmentally disabled individuals established under Part													
	C of the Developmental Disabilities Assistance													
C 0379 (cont.)	and Bill of Rights Act; and (vii) For nursing facility residents													
	who are mentally ill, the mailing address and telephone													
	number of the agency responsible for the protection and													
	advocacy of mentally ill individuals established under the													
	Protection and Advocacy for Mentally III Individuals Act.													
C 2400	[The provider agrees,] in the case of a hospital as defined in													
	§489.24(b), to comply with §489.24.	2												
C 2409	(1) General If an individual at a hospital has an emergency													
	medical condition that has not been stabilized (as defined in													
	paragraph (b) of this section), the hospital may not transfer													
	the individual unless -													
	(i) The transfer is an appropriate transfer (within the meaning													
	of paragraph (e)(2) of this section); and													
	(ii)(A) The individual (or a legally responsible person acting													
	on the individual's behalf) requests the transfer, after being													
	informed of the hospital's obligations under this section and													
	of the risk of transfer.													
	The request must be in writing and indicate the reasons for													
	the request as well as indicate that he or she is aware of the	_												
	risks and benefits of the transfer	2		1										



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31	, 2018										
	(Tags must have been cited twice or more	during	the period	to be entere	ed in this ro	ster.)									
		# Fed	# State		l l	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 2409 (Con	t.) (B) A physician (within the meaning of section 1861(r)(1) of														
	the Act) has signed a certification that, based upon the														
	information available at the time of transfer, the medical														
	benefits reasonably expected from the provision of														
	appropriate medical treatment at another medical facility														
	outweigh the increased risks to the individual or, in the case														
	of a woman in labor, to the woman or the unborn child, from														
	being transferred. The certification must contain a summary														
	of the risks and benefits upon which it is based; or (C) If a														
	physician is not physically present in the emergency														
	department at the time an individual is transferred, a														
	qualified medical person (as determined by the hospital in its														
	bylaws or rules and regulations) has signed a certification														
	described in paragraph (e)(1)(ii)(B) of this section after a														
	physician (as defined in section 1861(r)(1) of the Act) in														
	consultation with the qualified medical person, agrees with														
	the certification and subsequently countersigns the														
	certification. The certification must contain a summary of the														
	risks and benefits upon which it is based.			6R91											
C 2409 (Con	t.) (2) A transfer to another medical facility will be appropriate														
,	only in those cases in which - (i) The transferring hospital														
	provides medical treatment within its capacity that minimizes														
	the risks to the individual's health and, in the case of a woman														
	in labor, the health of the unborn child;														
	(ii) The receiving facility														
	(A) Has available space and qualified personnel for the														
	treatment of the individual; and (B) Has agreed to accept														
	transfer of the individual and to provide appropriate medical														
	treatment.														
				6R91											



	Hospital Citation Report for J													
	(Tags must have been cited twice or more	during t	he period	t										
Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	,	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
	(B) A physician (within the meaning of section 1861(r)(1) of	Cites	Cites	Category	Category	Category	Category	Category						
C 2409 (Cont.,	the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.													
C 2409 (Cont.)	(2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.													



	Hospital Citation Report for J														
	(Tags must have been cited twice or more	during t	he period	to be entere		ster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
	D 14	# Fed	# State	D C / ID		Deficiency #1	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 2409 (Cont	(iii) The transferring hospital sends to the receiving facility all														
	medical records (or copies thereof) related to the emergency														
	condition which the individual has presented that are														
	available at the time of the transfer, including available														
	history, records related to the individual's emergency medical														
	condition, observations of signs or symptoms, preliminary														
	diagnosis, results of diagnostic studies or telephone reports of														
	the studies, treatment provided, results of any tests and the														
	informed written consent or certification (or copy thereof)														
	required under paragraph (e)(1)(ii) of this section, and the														
	name and address of any on-call physician (described in														
	paragraph (g) of this section) who has refused or failed to														
	appear within a reasonable time to provide necessary														
	stabilizing treatment. Other records (e.g., test results not yet														
	available or historical records not readily available from the														
	hospital's files) must be sent as soon as practicable after														
	transfer; and (iv) The transfer is effected through qualified														
	personnel and transportation equipment, as required,														
	including the use of necessary and medically appropriate life														
	support measures during the transfer.			6R91											
C 2409 (Cont	.) (iv) The transfer is effected through qualified personnel and														
	transportation equipment, as required, including the use of														
	necessary and medically appropriate life support measures														
	during the transfer.			6R91											



	Hospital Citation Report for J	anuary 1	, 2018 - D	e										
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		# Fed	# State	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey	Deficiency #14 Survey	Deficiency #15 Survey	Deficiency #16 Survey	Deficiency #17 Survey	Deficiency #18 Survey	Deficiency #19 Survey	Deficiency #20 Survey	Deficiency #21 Survey
Tag	Regulation	Cites	Cites	Category										
C 2409 (Cont.)	(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required,													
	including the use of necessary and medically appropriate life support measures during the transfer.													
C 2409 (Cont.)	(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.													



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31,	2018										
	(Tags must have been cited twice or more	during	the period	to be entere	ed in this ro	ster.)									
	_	# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Governing B	ody	22	0												
C 0151	The CAH is in compliance with applicable Federal laws and regulations related to the health and safety of patients.	7		6R91		Recertification, State Licensure	Recertification, State Licensure, Follow-up	Recertification, Re-licensure, Follow-up	Recertification, State Licensure	Recertification, Re-licensure, Follow-up	Recertification, State Licensure, Re-licensure, Follow-up	Recertification, Re-licensure			
C 0271	The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.	4		6R91		Recertification	Complaint	Recertification	Recertification, Follow-up	•	•				
C 0271	The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.	4		6R92	Effective May 14, 2018	Recertification	Complaint	Recertification, Follow-up	Complaint						
C 0275	[The policies include the following:] Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH.	5		6R91		Recertification, Relicensure	Recertification, Follow- up/Revisit, Relicensure	Recertification, Complaint	Recertification	Recertification, Relicensure, Follow-up					
C 0292	The person principally responsible for the operation of the CAH under §485.627(b)(2) of this chapter is also responsible for the following: (i) Services furnished in the CAH whether or not they are furnished under arrangements or agreements. (ii) Ensuring that a contractor of services (including one for shared services and joint ventures) furnishes services that enable the CAH to comply with all applicable conditions of participation and standards for the contracted services.	2		6R91		Recertification, Relicensure	Recertification, Follow- up/Revisit, Relicensure								
Swing Bed: 1	Hospital and CAH	0	0		ı										
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Tag	Regulation	# Fed Cites		Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Survey	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Survey	Deficiency #21 Survey Category
Governing I	Body	22	0											
C 0151	The CAH is in compliance with applicable Federal laws and regulations related to the health and safety of patients.	7												
C 0271	The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.	4												
C 0271	The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.	4												
C 0275	[The policies include the following:] Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH.	5												
C 0292	The person principally responsible for the operation of the CAH under §485.627(b)(2) of this chapter is also responsible for the following: (i) Services furnished in the CAH whether or not they are furnished under arrangements or agreements. (ii) Ensuring that a contractor of services (including one for shared services and joint ventures) furnishes services that enable the CAH to comply with all applicable conditions of participation and standards for the contracted services.	2												
Swing Bed:	Hospital and CAH	0	0					<u> </u>	<u> </u>		<u> </u>			



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31,	, 2018										
	(Tags must have been cited twice or more	during	the period	to be entere		ster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
_		# Fed	# State			Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Infection Co	ıtrol	32	0)											
A 0747	The hospital must provide a sanitary environment to avoid														
	sources and transmission of infections and communicable														
	diseases. There must be an active program for the						Recertification,								
	prevention, control, and investigation of infections and						Validation,								
	communicable diseases.	2		FA25		Complaint	Relicensure								
A 0749	The infection control officer or officers must develop a system														
	for identifying, reporting, investigating, and controlling									Recertification,					
	infections and communicable diseases of patients and						Recertification,			Validation,			Recertification,	· · · · · · · · · · · · · · · · · · ·	
	personnel.	13		FA25		Recertification	Validation	Complaint	Complaint	Relicensure	Complaint	Recertification	Follow-up	Complaint	Recertification
A 0756	Standard: Responsibilities of Chief Executive Officer, Medical														
	Staff, and Director of Nursing Services: The chief executive														
	officer, the medical staff, and the director of nursing must														
	(1) Ensure that the hospital-wide quality assessment and														
	performance improvement (QAPI) program and training														
	programs address problems identified by the infection control														
	officer or officers; and (2) Be responsible for the														
	implementation of successful corrective action plans in					Recertification,									
	affected problem areas.	2		E 4 2 E		· · · · · · · · · · · · · · · · · · ·	C 1:1								
C 0278	[The realizing in the fellowing of A content for it antiform	2		FA25		Complaint	Complaint		Recertification,						
C 02/8	[The policies include the following:] A system for identifying,						Recertification,		*			Recertification,			
	reporting, investigating and controlling infections and					Recertification,	Relicensure,		Licensure, Relicensure,	Recertification,		Relicensure,	Recertification,		Recertification,
	communicable diseases of patients and personnel.	15		6R91		· · · · · · · · · · · · · · · · · · ·	· ·	Pagantification	,	1	Pagartification			Pagartification	· ·
		15		01/21		Relicensure	Follow-up	Recertification	Follow-up	Complaint	Recertification	Follow-up	Relicensure	Recertification	Licensure



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		# Fed	# State	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey	Deficiency #14 Survey	Deficiency #15 Survey	Deficiency #16 Survey	Deficiency #17 Survey	Deficiency #18 Survey	Deficiency #19 Survey	Deficiency #20 Survey	Deficiency #21 Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Infection Co	ntrol	32	0)										
A 0747	The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.	2												
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	13		Complaint	Recertification, Relicensure	Recertification, Relicensure, Follow-up								
A 0756	Standard: Responsibilities of Chief Executive Officer, Medical Staff, and Director of Nursing Services: The chief executive officer, the medical staff, and the director of nursing must(1) Ensure that the hospital-wide quality assessment and performance improvement (QAPI) program and training programs address problems identified by the infection control officer or officers; and (2) Be responsible for the implementation of successful corrective action plans in affected problem areas.													
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	15		Recertification, Licensure, Follow-up	Recertification	Recertification, Follow-up	Recertification, Licensure, Follow-up	Recertification						



	Hospital Citation Report for J	anuary 1	1. 2018 - D	ecember 31	1. 2018										Т
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					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID		Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Medical Red	ord Services	43	0						,	, ,		9 ,	9 ,	,	
A 0438	The hospital must maintain a medical record for each														
	inpatient and outpatient. Medical records must be accurately														
	written, promptly completed, properly filed and retained, and														
	accessible. The hospital must use a system of author														
	identification and record maintenance that ensures the				Effective	Recertification,									
	integrity of the authentication and protects the security of all				February 1,	Complaint,									
	record entries.	2		FA26	2018	Validation	Complaint								
A 0441	The hospital must have a procedure for ensuring the													·	
	confidentiality of patient records. Information from or copies														
	of records may be released only to authorized individuals,														
	and the hospital must ensure that unauthorized individuals														
	cannot gain access to or alter patient records. Original														
	medical records must be released by the hospital only in														
	accordance with Federal or State laws, court orders, or					Recertification,									
	subpoenas.	3		FA25		Validation	Recertification	Complaint							
A 0449	The medical record must contain information to justify														
	admission and continued hospitalization, support the														
	diagnosis, and describe the patient's progress and response to							Recertification,							
	medications and services.	3		FA25		Complaint	Recertification	Follow-up							
A 0450	All patient medical record entries must be legible, complete,					•		•							
	dated, timed, and authenticated in written or electronic form														
	by the person responsible for providing or evaluating the					Recertification,				Recertification,					
	service provided, consistent with hospital policies and					Validation,			Recertification,	Relicensure,					
	procedures.	5		FA25		Relicensure	Complaint	Recertification	Relicensure	Follow-up					
A 0454	All orders, including verbal orders, must be dated, timed, and														
	authenticated promptly by the ordering practitioner or by														
	another practitioner who is responsible for the care of the														
	patient only if such a practitioner is acting in accordance with					Recertification,			Recertification,		Recertification,				
	State law, including scope-of-practice laws, hospital policies,					Validation,		Recertification,	Validation,		Relicensure,				
	and medical staff bylaws, rules, and regulations.	6		FA25		Relicensure	Complaint	Relicensure	Relicensure	Recertification	Follow-up				
A 0467	[All records must document the following, as appropriate:]										1				
	All practitioner's orders, nursing notes, reports of treatment,														
	medication records, radiology and laboratory reports, and														
	vital signs and other information necessary to monitor the														
	patient's condition.	2		FA25		Complaint	Complaint								
<u> </u>	r					Complant	Complaint			1		1	1		



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Tag	Regulation	# Fed	# State	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
Medical Reco		43	0		Tours goal	- Carregory	Januage 1,	- Lucy - J	- Lucye-y	- Carrogery	- Carrigory	- Carrogory	- Carrogony	cgs-y
1110411411111111		20	·											
A 0438	The hospital must maintain a medical record for each													
	inpatient and outpatient. Medical records must be accurately													
	written, promptly completed, properly filed and retained, and													
	accessible. The hospital must use a system of author													
	identification and record maintenance that ensures the													
	integrity of the authentication and protects the security of all													
	record entries.	2												
A 0441	The hospital must have a procedure for ensuring the													
	confidentiality of patient records. Information from or copies													
	of records may be released only to authorized individuals,													
	and the hospital must ensure that unauthorized individuals													
	cannot gain access to or alter patient records. Original													
	medical records must be released by the hospital only in													
	accordance with Federal or State laws, court orders, or													
	subpoenas.	3												
A 0449	The medical record must contain information to justify													
	admission and continued hospitalization, support the													
	diagnosis, and describe the patient's progress and response to													
	medications and services.	3												
A 0450	All patient medical record entries must be legible, complete,													
	dated, timed, and authenticated in written or electronic form													
	by the person responsible for providing or evaluating the													
	service provided, consistent with hospital policies and													
	procedures.	5												
A 0454	All orders, including verbal orders, must be dated, timed, and													
	authenticated promptly by the ordering practitioner or by													
	another practitioner who is responsible for the care of the													
	patient only if such a practitioner is acting in accordance with													
	State law, including scope-of-practice laws, hospital policies,													
	and medical staff bylaws, rules, and regulations.	6												
A 0467	[All records must document the following, as appropriate:]													
	All practitioner's orders, nursing notes, reports of treatment,													
	medication records, radiology and laboratory reports, and													
	vital signs and other information necessary to monitor the													
	patient's condition.	2												



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31, 2018										
	(Tags must have been cited twice or more	during	the period	to be entered in this ro	oster.)									
		# Fed	# State		Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0631	A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel.	2		FA25	Recertification	Recertification, Follow-up								
C 0301	The CAH maintains a clinical records system in accordance					Recertification,								
	with written policies and procedures.	2		6R91	Recertification, State Licensure	State Licensure, Follow-up								
C 0302	The records are legible, complete, accurately documented, readily accessible, and systematically organized.	_		(Dol			State Licensure,		D					
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable identification and social data, evidence of properly executed informed	5		6R91	State Licensure	Follow-up	Follow-up	Relicensure	Recertification					
	consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the					Recertification, Licensure, Relicensure,								
C 0305	patient; [For each patient receiving health care services, the CAH maintains a record that includes, as applicable] reports of physical examinations, diagnostic and laboratory test results, including clinical laboratory services, and consultative findings;	3		6R91 6R91	Recertification, State Licensure	Recertification, State Licensure, Follow-up	Recertification							
C 0307	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] dated signatures of the doctor of medicine or osteopathy or other health care professional.	4		6R91		Recertification, State Licensure,	Recertification, State Licensure, Follow-up	Recertification, Relicensure						
C 0308	The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.	4		6R91	Recertification	Recertification, Complaint	Recertification, Follow-up	Recertification, Follow-up						



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
A 0631	A current therapeutic diet manual approved by the dietitian	Cites	Cites	Category										
71 0001	and medical staff must be readily available to all medical, nursing, and food service personnel.	2												
C 0301	The CAH maintains a clinical records system in accordance													
	with written policies and procedures.	2												
C 0302	The records are legible, complete, accurately documented, readily accessible, and systematically organized.	5												
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;	3												
C 0305	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable] reports of physical examinations, diagnostic and laboratory test results, including clinical laboratory services, and consultative findings;	2												
C 0307	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] dated signatures of the doctor of medicine or osteopathy or other health care professional.	4												
C 0308	The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.	4												



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		# Fed	# State	R	Legulation Deficiency #1	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_ID S	ets Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Medical Sta	if	9	2											
						ID					ID 416 41			
A 0622	There must be administrative and technical personnel					Recertification,		D	D	D	Recertification,			
	competent in their respective duties.					Validation,		Recertification,	Recertification,	Recertification,	Relicensure,			
		7		FA25	Recertification	Relicensure	Recertification	Relicensure	Follow-up	Follow-up	Follow-up			
C 0270	Provision of Services. Interpretive Guidelines: This condition													
	establishes requirements related to patient care policies,													
	required CAH services, and CAH services provided through													
	agreements or arrangements. Assessment of the manner and													
	degree of noncompliance with any one of the following													
	standards in this condition is required in order to determine													
	whether there is noncompliance with this condition.	2		6R91	Recertification	Recertification								
Z 0014	Every entity shall maintain, or shall contract with another			01071	Receitmention	Receitmention								+
2 0014	person to maintain, the most recent background information													
	obtained on a caregiver under par. (b). The information shall													
	be made available for inspection by authorized persons, as				Recertification,	Recertification,								
	defined by the department by rule.		2	BVI3	· · · · · · · · · · · · · · · · · · ·	Follow-up								
Nursing Ser		43	0											
A 0385	The hospital must have an organized nursing service that													
	provides 24-hour nursing services. The nursing services must					Complaint,								
	be furnished or supervised by a registered nurse.	3		FA25	Complaint	Follow-up	Complaint							
A 0392	The nursing service must have adequate numbers of licensed			17120	Соприн	ronow up	Сотрын							+
110072	registered nurses, licensed practical (vocational) nurses, and													
	other personnel to provide nursing care to all patients as													
	needed. There must be supervisory and staff personnel for													
	each department or nursing unit to ensure, when needed, the				Recertification,									
	immediate availability of a registered nurse for bedside care				Validation,		Recertification,							
	of any patient.	3		FA25	Relicensure	Recertification	Follow-up							
A 0395	A registered nurse must supervise and evaluate the nursing	3		17123	Reneerisare	Receitmention	ronow up	Complaint,	Recertification,	Recertification,				+
11 00 70	care for each patient.	6		FA25	Complaint	Complaint	Complaint	Follow-up	Relicensure	Relicensure,				
A 0395	A registered nurse must supervise and evaluate the nursing				ffective	Сотрын	- Company							+
11 0050	care for each patient.	2		FA26 Fe	ebruary 1, Complaint	Complaint								
A 0396	The hospital must ensure that the nursing staff develops, and				J , r	r								+
	keeps current, a nursing care plan for each patient. The						Recertification,							Recertification,
	nursing care plan may be part of an interdisciplinary care						Validation,		Recertification,			Recertification,	Recertification,	Relicensure,
	plan.	10		FA25	Complaint	Complaint	Relicensure	Complaint	Complaint	Complaint	Recertification	Follow-up	Relicensure	Follow-up
	Pine	10			Companie	Companie	Lencerbare	companie	Companie	Complaint	1.cccrimeation	z onow up	Tencerouse	1010W up



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				Deficiency #11	Deficiency #12	Deficiency #13	Deficiency #14	Deficiency #15	Deficiency #16	Deficiency #17	Deficiency #18	Deficiency #19	Deficiency #20	Deficiency #21
		# Fed	# State	Survey										
Tag	Regulation	Cites	Cites	Category										
Medical Staf		9	2		Category									
Wiedical Stall		,	2											
A 0622	There must be administrative and technical personnel													
11 0022	competent in their respective duties.													
	competent in their respective duties.	7												
C 0270	Provision of Services. Interpretive Guidelines: This condition													
	establishes requirements related to patient care policies,													
	required CAH services, and CAH services provided through													
	agreements or arrangements. Assessment of the manner and													
	degree of noncompliance with any one of the following													
	standards in this condition is required in order to determine													
	whether there is noncompliance with this condition.	2												
Z 0014	Every entity shall maintain, or shall contract with another													
	person to maintain, the most recent background information													
	obtained on a caregiver under par. (b). The information shall													
	be made available for inspection by authorized persons, as													
	defined by the department by rule.		2	2										
Nursing Serv	ices	43	0											
A 0385	The hospital must have an organized nursing service that													
	provides 24-hour nursing services. The nursing services must													
	be furnished or supervised by a registered nurse.	3												
A 0392	The nursing service must have adequate numbers of licensed													
	registered nurses, licensed practical (vocational) nurses, and													
	other personnel to provide nursing care to all patients as													
	needed. There must be supervisory and staff personnel for													
	each department or nursing unit to ensure, when needed, the													
	immediate availability of a registered nurse for bedside care													
	of any patient.	3												
A 0395	A registered nurse must supervise and evaluate the nursing													
11 03/3	care for each patient.	6												
A 0395	A registered nurse must supervise and evaluate the nursing													
1.0070	care for each patient.	2												
A 0396	The hospital must ensure that the nursing staff develops, and	 												
	keeps current, a nursing care plan for each patient. The													
	nursing care plan may be part of an interdisciplinary care													
	plan.	10												
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					Special Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0396	The hospital must ensure that the nursing staff develops, and														
	keeps current, a nursing care plan for each patient. The				Effective	Recertification,									
	nursing care plan may be part of an interdisciplinary care				February 1,	Complaint,									
	plan	3		FA26	2018	Validation	Complaint	Complaint							
C 0296	A registered nurse or, where permitted by State law, a							Recertification,			Recertification,				
	physician assistant, must supervise and evaluate the nursing							Follow-			Follow-				
	care for each patient, including patients at a SNF level of care					Recertification,	Recertification,	up/Revisit,	Recertification,	Recertification,	up/Revisit,				
	in a swing-bed CAH.	6		6R91		Complaint	Relicensure	Relicensure	Relicensure	Follow-up	Relicensure				
C 0298	A nursing care plan must be developed and kept current for						Recertification,	Recertification,						Recertification,	
	each inpatient.						Follow-	Licensure,					Recertification,		
						Recertification,	up/Revisit,	Relicensure,		Recertification,	Recertification,	Recertification,	Licensure,	up/Revisit,	Recertification,
		10		6R91		Relicensure	Relicensure	Follow-up	Recertification	Complaint	Relicensure	Licensure	Follow-up	Relicensure	Follow-up



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		# Fed	# State	Deficiency #11 Survey	Survey	Deficiency #13 Survey	Survey	Survey	Deficiency #16 Survey	Survey	Survey	Survey	Survey	Deficiency #21 Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0396	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care													
	plan	3												
C 0296	A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care													
	in a swing-bed CAH.	6												
C 0298	A nursing care plan must be developed and kept current for each inpatient.													



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					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State			Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
	sthesia, Emrgcy, Food & Dietetic, Nucl Medicine,	24	2												
	Outpt, Rehab & Surgical Surgical services must be consistent with needs and			1	ı		-					1			
A 0951	resources. Policies governing surgical care must be designed						Recertification,								
	to assure the achievement and maintenance of high standards					Recertification,	Relicensure,								
	of medical practice and patient care.	2		FA25		Relicensure	Follow-up								
A 0955	A properly executed informed consent form for the operation			17120		rencensure	ronow up								
11 0300	must be in the patient's chart before surgery, except in						Recertification,								
	emergencies.					Recertification,	Relicensure,								
	chergenees.	2		FA25		Relicensure	Follow-up								
A 1003	The policies must ensure that the following are provided for														
	each patient:] A pre-anesthesia evaluation completed and														
	documented by an individual qualified to administer														
	anesthesia, as specified in paragraph (a) of this section,														
	performed within 48 hours prior to surgery or a procedure						Recertification,								
	requiring anesthesia services.	2		FA25		Recertification	Validation								
A 1134	The provision of care and the personnel qualifications must														
	be in accordance with national acceptable standards of						Recertification,								
	practice and must also meet the requirements of §409.17 of					Recertification,	Relicensure,								
	this chapter.	2		FA25		Relicensure	Follow-up								
C 0279	[The policies include the following:] Procedures that ensure						-								
	that the nutritional needs of inpatients are met in accordance														
	with recognized dietary practices and the orders of the														
	practitioner responsible for the care of the patients, and that														
	the requirement of §483.25(i) of this chapter is met with						Recertification,								
	respect to inpatients receiving posthospital SNF care.						Relicensure,	Recertification,							
		3		6R91		Recertification	Follow-up	Licensure							
C 0284	Emergency procedures. In accordance with the requirements														
	of §485.618, the CAH provides medical services as a first														
	response to common life-threatening injuries and acute					Recertification,	Recertification,								
	illness.	3		6R91		Complaint	Follow-up	Recertification							
C 0320	The CAH has an effective quality assurance program to					<u> </u>	1								
1	evaluate the quality and appropriateness of the diagnosis and														
	treatment furnished in the CAH and of the treatment														
	outcomes. The program requires that- all patient care services														
1	and other services affecting patient health and safety are						D								
	evaluated.			(B01		D: 6: t:	Recertification,								
		2		6R91		Recertification	Relicensure								



	Hospital Citation Report for J	anuary 1	, 2018 - D	e										
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	_	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
	esthesia, Emrgcy, Food & Dietetic, Nucl Medicine,	24	2		Transfer y	y y	, see gray	, and the second	, and the second	Taraba y	, and a second	Transfer y	Jan 19	January 1
	Outpt, Rehab & Surgical Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care. A properly executed informed consent form for the operation must be in the patient's chart before surgery, except in emergencies.	2												
A 1003	The policies must ensure that the following are provided for each patient:] A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services.	2												
A 1134	The provision of care and the personnel qualifications must be in accordance with national acceptable standards of practice and must also meet the requirements of §409.17 of this chapter.	2												
C 0279	[The policies include the following:] Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §483.25(i) of this chapter is met with respect to inpatients receiving posthospital SNF care.	3												
C 0284	Emergency procedures. In accordance with the requirements of §485.618, the CAH provides medical services as a first response to common life-threatening injuries and acute illness.	3												
C 0320	The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that- all patient care services and other services affecting patient health and safety are evaluated.	2												



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31,	2018										
	(Tags must have been cited twice or more	during	the period	to be entere	d in this ro	ster.)									
	. 0	# Fed	# State		Special Purpose	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites		Reg_Set_ID		Survey Category	1	Category							
C 0322	(1) A qualified practitioner, as specified in paragraph (a) of			8		, , ,	January J		- Section 1				l l		j same
	this section, must examine the patient immediately before														
	surgery to evaluate the risk of the procedure to be performed.														
	2) A qualified practitioner, as specified in paragraph (c) of this														
	section, must examine each patient before surgery to evaluate														
	the risk of anesthesia. (3) Before discharge from the CAH,							Recertification,							
	each patient must be evaluated for proper anesthesia recovery							Licensure, Re-							
	by a qualified practitioner, as specified in paragraph (c) of this					Recertification,	Recertification,	licensure,							
	section.	3		6R91		Complaint	Follow-up	Follow-up							
C 0385	[The CAH is substantially in compliance with the following														
	SNF requirements contained in subpart B of part 483 of this														
	chapter:] Patient activities (§483.15(f) of this chapter), except														
	that the services may be directed either by a qualified														
	professional meeting the requirements of §485.15(f)(2), or by						Recertification,								
	an individual on the facility staff who is designated as the						Follow-								
	activities director and who serves in consultation with a					Recertification,	up/Revisit,								
	therapeutic recreation specialist, occupational therapist,	3		6R91		Relicensure	Relicensure	Recertification							
C 0385 (cont.)	or other professional with experience or education in														
	recreational therapy. Quality of Life - activities (§483.15(f)) (1)														
	The facility must provide for an ongoing program of activities														
	designed to meet, in accordance with the comprehensive														
	assessment, the interests and the physical, mental, and														
	psychosocial well-being of each resident.														
	(2) The activities program must be directed by a qualified														
	professional who-			cD04											
		1		6R91											



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C 0322	(1) A qualified practitioner, as specified in paragraph (a) of	Cites	Cites	cutegory	Cutegory	Cutegory	Curegory	Category	Category	cutegory	Cutegory	Cutegory	Cutegory	cutegory
	this section, must examine the patient immediately before													
	surgery to evaluate the risk of the procedure to be performed.													
	2) A qualified practitioner, as specified in paragraph (c) of this													
	section, must examine each patient before surgery to evaluate													
	the risk of anesthesia. (3) Before discharge from the CAH,													
	each patient must be evaluated for proper anesthesia recovery													
	by a qualified practitioner, as specified in paragraph (c) of this													
	section.	3												
C 0385	[The CAH is substantially in compliance with the following													
	SNF requirements contained in subpart B of part 483 of this													
	chapter:] Patient activities (§483.15(f) of this chapter), except													
	that the services may be directed either by a qualified													
	professional meeting the requirements of §485.15(f)(2), or by													
	an individual on the facility staff who is designated as the													
	activities director and who serves in consultation with a													
	therapeutic recreation specialist, occupational therapist,	3												
C 0385 (cont.)	or other professional with experience or education in													
	recreational therapy. Quality of Life - activities (§483.15(f)) (1)													
	The facility must provide for an ongoing program of activities													
	designed to meet, in accordance with the comprehensive													
	assessment, the interests and the physical, mental, and													
	psychosocial well-being of each resident.													
	(2) The activities program must be directed by a qualified													
	professional who-													



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		# Fed	# State			Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0385 (cont.)	(i) Is a qualified therapeutic recreation specialist or an activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities														
				6R91											
C 0385 (Cont.)	program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State."			6R91											
C 0385	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Patient activities (§483.15(f) of this chapter), except that the services may be directed either by a qualified professional meeting the requirements of §485.15(f)(2), or by an individual on the facility staff who is designated as the activities director and who serves in consultation with a therapeutic recreation specialist, occupational therapist, or	2		6R92	Effective May 14, 2018	Recertification	Recertification,								



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	1	Survey	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Survey	Deficiency #21 Survey Category
C 0385 (cont.)	(i) Is a qualified therapeutic recreation specialist or an activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities													
C 0385 (Cont.) program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State."													
C 0385	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Patient activities (§483.15(f) of this chapter), except that the services may be directed either by a qualified professional meeting the requirements of §485.15(f)(2), or by an individual on the facility staff who is designated as the activities director and who serves in consultation with a therapeutic recreation specialist, occupational therapist, or	2												



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1	(Tags must have been cited twice or more	during t	he period		roster.)									
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i				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
ı		# Fed	# State		On Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
	other professional with experience or education in													
i	recreational therapy. Quality of Life - activities (§483.15(f))													
i	"(1) The facility must provide for an ongoing program of													
ı	activities designed to meet, in accordance with the													
i	comprehensive assessment, the interests and the physical,													
ı	mental, and psychosocial well-being of each resident. (2) The													
ı	activities program must be directed by a qualified			Effective										
ı	professional who-			May 14,										
i	1			6R92 2018										
C 0385 (cont.)	(i) Is a qualified therapeutic recreation specialist or an													
ı	activities professional who- (A) Is licensed or registered, if													
ı	applicable, by the State in which practicing; and													
ı	(B) Is eligible for certification as a therapeutic recreation													
ı	specialist or as an activities professional by a recognized			Effective										
i	accrediting body on or after October 1, 1990; or			May 14,										
	(ii) Has 2 years of experience in a social or recreational			6R92 2018										
` /	program within the last 5 years, 1 of which was full-time in a													
I I	patient activities program in a health care setting; or (iii) Is a													
ı	qualified occupational therapist or occupational therapy			Effective										
ı	assistant; or (iv) Has completed a training course approved by			May 14,										
ı	the State."			6R92 2018										
Y 3121	(2) A hospital that provides emergency services to a victim													
	shall do all of the following: (a) Provide to the victim medical													
i	and factually accurate and unbiased written and oral					Recertification,								
	information about emergency contraception and its use and				Recertification,	State Licensure,								
	efficacy.		2	E126	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	'							
	1 Services	20	2	EJ36	State Licensure	ronow-up								



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CO385 (cont.) of the professional with experience or education in recentional therapy. Quality of Life - excititives (s48.3.15(f)) (1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities programs must be directed by a qualified professional who. CO385 (cont.) (1) Is a qualified therapeutic recreation specialist or an activities professional who. (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional who is provided by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional who is a considered accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body on or after October 1, 1990; or accrediting body or accrediting	Tag	Regulation			Survey										
recreational therapy. Quality of Life - activities (\$483.15(9)) (1) The facility must provide for an ougoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychoscald well-being of each resident. (2) The activities program must be directed by a qualified professional who- (2) Us a qualified therapeutic recreation specialist or an activities professional who- (3) Is legislie for certification as a therapeutic recreation specialist or an activities professional who- (4) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (1) Albana and the complexion of the complex of the complexion of the complexion of the complexion of the complexion of the complex of the complexion of the complex of the complexion of the complex of the complexion of the complexion of the complex of the complex of the complexion of the complex o		Ü	Cites	Cites	Category										
"(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who- 2085 (cont.) (i) Is a qualified therapeutic recreation specialist or an activities professional who- (A) Is licensed or negistered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional who- (A) Is licensed or negistered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990, or (B) Is a qualified accupational by a recognized accrediting body on or after October 1, 1990, or (B) Is a qualified occupational therapsis or occupational therapsis and the patient activities program in a health care setting, or (B) Is a qualified occupational therapsis or occupational therapsis assistant, or (Iv) Has completed a training course approved by the State." (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unblased written and oral information about emergency contraception and its use and efficacy.	C 0303 (COIII.)	•													
activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who- (A) Is licensed or negistered, if applicable, by the State in which practicing, and (B) is eligible for certification as a threapeutic recreation specialist or as an activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing and (B) is eligible for certification as a threapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October, 1, 1990; or (ii) Hay 2 part of the state of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.		***													
comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who. C 0385 (cont.) (i) Is a qualified therapeutic recreation specialist or an activities professional who. (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) is eligible for certification as a flare professional by a recognized accrediting body on or after October 1, 1999, or (ii) Have 2 vasues of accreditions acredited a consideration of the program in a health care setting; or (iii) Is a qualified occupational therapist or health care setting; or (iii) Is a qualified occupational therapist or occupational therapi															
mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who- C 0385 (cont.) (i) Is a qualified therapeutic recreation specialist or an activities professional who (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Has 2 years of convenience in a social are secretional application of the state of															
activities program must be directed by a qualified professional who. C 0385 (cont.) (i) Is a qualified therapeutic recreation specialist or an activities professional who. (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Have 2 warse of convolution in a social or associational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following; (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy. 2															
C 0385 (cont.) (i) Is a qualified therapeutic recreation specialist or an activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accrediting body on or after October 1, 1990; or find the state of accredition accr															
activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Haz <u>Tuense of constraints</u> in a social or recreational program within the last 59 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following; (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.		professional who-													
activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Haz <u>Tuense of constraints</u> in a social or recreational program within the last 59 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following; (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.	C 029E (cont.)	(i) To a qualified the manageria magnestion appointed as an													
applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990, or (B) Has 2 wass of expansionace in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." (3) 2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.	` /	1													
(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Has 2 years, of exposingnee in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.		1													
specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (ii) Has 2 wass of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy. 2															
accrediting body on or after October 1, 1990; or (ii) Has 2 years of experience in a social or program within the last 5 years, 10 which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy. 2															
C 0385 (Cont.) program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or (iii) Is a qualified occupational therapist or occupational therapy assistant; or (iv) Has completed a training course approved by the State." Y 3121 (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.															
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assistant; or (iv) Has completed a training course approved by the State." (2) A hospital that provides emergency services to a victim shall do all of the following: (a) Provide to the victim medical and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.															
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and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.	Y 3121														
information about emergency contraception and its use and efficacy.															
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Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0405	in accordance with Federal and State laws, the orders of the														
	practitioner or practitioners responsible for the patient's care														
	as specified under §482.12(c), and accepted standards of														
	practice. (i) Drugs and biologicals may be prepared and														
	administered on the orders of other practitioners not specified														
	under §482.12(c) only if such practitioners are acting in														
	accordance with State law, including scope of practice laws,														
	hospital policies, and medical staff bylaws, rules, and														
	regulations. (2) All drugs and biologicals must be														
	administered by, or under supervision of, nursing or other														
	personnel in accordance with Federal and State laws and														
	regulations, including applicable licensing requirements, and														
	in accordance with the approved medical staff policies and														
	procedures.					Recertification,		Recertification,							
		4		FA25		Validation	Complaint	Complaint	Complaint						
A 0405	(1) Drugs and biologicals must be prepared and administered														
	in accordance with Federal and State laws, the orders of the														
	practitioner or practitioners responsible for the patient's care														
	as specified under §482.12(c), and accepted standards of														
	practice. (i) Drugs and biologicals may be prepared and														
	administered on the orders of other practitioners not specified														
	under §482.12(c) only if such practitioners are acting in														
	accordance with State law, including scope of practice laws,														
	hospital policies, and medical staff bylaws, rules, and														
	regulations. (2) All drugs and biologicals must be														
	administered by, or under supervision of, nursing or other														
	personnel in accordance with Federal and State laws and														
	regulations, including applicable licensing requirements, and				Effective										
	in accordance with the approved medical staff policies and				February 1,										
	procedures.	2		FA26	2018	Complaint	Complaint								
C 0276	[The policies include the following:] Rules for the storage,					•	*								
	handling, dispensation, and administration of drugs and														
	biologicals. These rules must provide that there is a drug														
	storage area that is administered in accordance with accepted														
	professional principles, that current and accurate records are														
	kept of the receipt and disposition of all scheduled drugs, and						Recertification,								
	that outdated, mislabeled, or otherwise unusable drugs are						Licensure,				Recertification,				
	not available for patient use.						Relicensure,			Recertification,	Relicensure,		Recertification,		
		8		6R91		Recertification	Follow-up	Recertification	Recertification	State Licensure	Follow-up	Recertification	Follow-up		



	Hospital Citation Report for Ja	anuary	1, 2018 - De											
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Tag	Regulation	# Fed Cites	•	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Survey	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
A 0405	in accordance with Federal and State laws, the orders of the	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0405	practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice. (i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations. (2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.													
A 0405	(1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice. (i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations. (2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.													
C 0276	[The policies include the following:] Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.	8												



	Hospital Citation Report for J	anuary :	1, 2018 - D	ecember 31, 2018										
	(Tags must have been cited twice or more	during	the period	to be entered in t	his roster.)									
		# Fed	# State	Speci Purpo Regu	al ose lation Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0297	All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and	I I		6R91	Descritification	Recertification,	Recertification, Relicensure	Recertification,	State Licensure,	Recertification, Relicensure, Follow-up				
Organ Tico	Federal and State laws. sue, Eye Procurement	2	n		Recertification	Follow-up	Rencensure	State Licensure	Follow-up	Follow-up				
Olgan, 1155	sue, Lye i foculement	_	U											
C 0349 Patients' Ri		2 58	2	6R91	Recertification, Complaint	Recertification, Follow-up								
A 0115	A hospital must protect and promote each patient's rights.	9		FA25	Complaint	Recertification	Recertification	Complaint	Recertification	Complaint	Recertification	Recertification, Follow-up	Recertification, Relicensure	
A 0117	A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.	9		FA25		Recertification, Validation, Relicensure	Complaint	Recertification, Relicensure	Recertification,	Recertification	Recertification, Relicensure, Follow-up	Complaint	Recertification, Validation, Complaint	
A 0117	A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.	2		Effect Febru FA26 2018	ive	Recertification, Validation, Complaint	A		A		, A	1	1	



	Hospital Citation Report for J													
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Survey	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 0297	All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws.	6						J J						
Organ, Tiss	ue, Eye Procurement	2	0											
C 0349	[The CAH must have and implement written protocols that ensure that:] (e) the CAH works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes takes place. (f) For purposes of these standards, the term "organ" means a human kidney, liver, heart, lung, pancreas, or intestines (or multivisceral organs).	2												
Patients' Ri	ghts	58	2											
A 0115	A hospital must protect and promote each patient's rights.	9												
A 0117	A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.	9												
A 0117	A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.	2												



	Hospital Citation Report for J	anuary	1. 2018 - D	ecember 31	2018										
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					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0118	The hospital must establish a process for prompt resolution of														
	patient grievances and must inform each patient whom to						Recertification,	Recertification,							
	contact to file a grievance.	3		FA25		Complaint	Follow-up	Relicensure							
A 0119	[The hospital must establish a process for prompt resolution														
	of patient grievances and must inform each patient whom to														
	contact to file a grievance.] The hospital's governing body														
	must approve and be responsible for the effective operation of														
	the grievance process, and must review and resolve														
	grievances, unless it delegates the responsibility in writing to														
	a grievance committee.	2		FA25		Complaint	Complaint								
A 0122	At a minimum: The grievance process must specify time			TAZJ		Complaint	Complaint		Recertification,						
71 0122	frames for review of the grievance and the provision of a						Recertification,		Relicensure,						
	response.	4		FA25		Complaint	Relicensure	Complaint	Follow-up						
A 0123	At a minimum: In its resolution of the grievance, the hospital	4		FA25		Complaint	Rencensure	Complaint	Follow-up						
A 0123	must provide the patient with written notice of its decision														
	that contains the name of the hospital contact person, the														
	steps taken on behalf of the patient to investigate the														
	grievance, the results of the grievance process, and the date of														
	completion.														
	*	2		FA25		Complaint	Complaint								
A 0132	The patient has the right to formulate advance directives and														
	to have hospital staff and practitioners who provide care in														
	the hospital comply with these directives, in accordance with														
	§489.100 of this part (Definition), §489.102 of this part														
	(Requirements for providers), and §489.104 of this part	2		FA25		Recertification	Complaint								
A 0144	(Effective dates). The patient has the right to receive care in a safe setting.			FA25		Recertification	Complaint					Recertification,	Recertification,		
A 0144	The patient has the right to receive care in a safe setting.	8		FA25		Complaint	Recertification	Complaint	Recertification	Complaint	Recertification	Follow-up	Follow-up		
A 0168	The use of restraint or seclusion must be in accordance with														
0100	the order of a physician or other licensed independent														
	practitioner who is responsible for the care of the patient as														
	specified under §482.12(c) and authorized to order restraint or						Complaint,								
	seclusion by hospital policy in accordance with State law.	3		FA25		Complaint	Follow-up	Complaint							



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
A 0118	The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.	3												
A 0119	[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.] The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.	2												
A 0122	At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.	4												
A 0123	At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.	2												
A 0132	The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).	2												
A 0144	The patient has the right to receive care in a safe setting.	8												
A 0168	The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.	3												



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				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
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Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0179	[the patient must be seen face-to-face within 1 hour after the													
	initiation of the intervention] §482.13(e)(12)(ii)To evaluate -													
	1. The patient's immediate situation;													
	2. The patient's reaction to the intervention;													
	3. The patient's medical and behavioral condition; and													
	4. The need to continue or terminate the restraint or seclusion.					Complaint,								
		2		FA25	Complaint	Follow-up								
A 0217	[A hospital must have written policies and procedures													
	regarding the visitation rights of patients, including those													
	setting forth any clinically necessary or reasonable restriction													
	or limitation that the hospital may need to place on such													
	rights and the reasons for the clinical restriction or limitation.													
	A hospital must meet the following requirements]: (3) Not													
	restrict, limit, or otherwise deny visitation privileges on the													
	basis of race, color, national origin, religion, sex, gender													
	identity, sexual orientation, or disability. (4) Ensure that all					Recertification,								
	visitors enjoy full and equal visitation privileges consistent				Recertification,	Relicensure,								
	with patient preferences.	2		FA25	Relicensure	Follow-up								



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		# Fed	# State	Deficiency #11 Survey	Deficiency #12 Survey		Deficiency #14 Survey	Deficiency #15 Survey	Deficiency #16 Survey	Deficiency #17 Survey	Deficiency #18 Survey	Deficiency #19 Survey	Deficiency #20 Survey	Deficiency #2 Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category		Category	Category	Category	Category
A 0179	[the patient must be seen face-to-face within 1 hour after the													
	initiation of the intervention] §482.13(e)(12)(ii)To evaluate -													
	1. The patient's immediate situation;													
	2. The patient's reaction to the intervention;													
	3. The patient's medical and behavioral condition; and													
	4. The need to continue or terminate the restraint or seclusion.	2												
A 0217	[A hospital must have written policies and procedures													
	regarding the visitation rights of patients, including those													
	setting forth any clinically necessary or reasonable restriction													
	or limitation that the hospital may need to place on such													
	rights and the reasons for the clinical restriction or limitation.													
	A hospital must meet the following requirements]: (3) Not													
	restrict, limit, or otherwise deny visitation privileges on the													
	basis of race, color, national origin, religion, sex, gender													
	identity, sexual orientation, or disability. (4) Ensure that all													
	visitors enjoy full and equal visitation privileges consistent													
	with patient preferences.	2												



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				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0364	[The CAH is substantially in compliance with the following													
	SNF requirements contained in subpart B of part 483 of this					Recertification,								
	chapter:] Resident rights (§483.10(d)(1)): "The resident has the				Recertification,	Relicensure,								
	right to - Choose a personal attending physician;"	2		6R91	Relicensure	Follow-up								
C 0368	[The CAH is substantially in compliance with the following	_												
	SNF requirements contained in subpart B of part 483 of this													
	chapter:] Resident rights - work (§483.10(h)): "The resident													
	has the right to- (1) Refuse to perform services for the facility;													
	(2) Perform services for the facility, if he or she chooses, when													
	- (i) The facility has documented the need or desire for work													
	in the plan of care; (ii) The plan specifies the nature of the													
	services performed and whether the services are voluntary or													
	paid; (iii) Compensation for paid services is at or above													
	prevailing rates; and (iv) The resident agrees to the work					Recertification,								
	arrangement described in the plan of care."				Recertification,	Relicensure,								
		2		6R91	Relicensure	Follow-up								
C 0372	[The CAH is substantially in compliance with the following													
	SNF requirements contained in subpart B of part 483 of this													
	chapter:] Resident rights - married couples (§483.10(m)): "The													
	resident has the right to share a room with his or her spouse													
	when married residents live in the same facility and both					Recertification,								
	spouses consent to the arrangement."				Recertification,	Relicensure,								
		2		6R91	Relicensure	Follow-up								
C 1001	[A CAH must have written policies and procedures regarding													
	the visitation rights of patients, including those setting forth													
	any clinically necessary or reasonable restriction or limitation													
	that the CAH may need to place on such rights and the													
	reasons for the clinical restriction or limitation.] A CAH must													
	meet the following requirements: (1) Inform each patient (or													
	support person, where appropriate) of his or her visitation													
	rights, including any clinical restriction or limitation on such					B								
	rights, in advance of furnishing patient care whenever					Recertification,								
	possible. (2) Inform each patient (or support person, where					Follow-								
	appropriate) of the right, subject to his or her consent, to				Recertification,	up/Revisit,	Complaint,	Recertification,						
		4		6R91	Relicensure	Relicensure	Recertification	Follow-up						



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 0364	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Resident rights (§483.10(d)(1)): "The resident has the right to - Choose a personal attending physician;"		Cites	Category										
C 0368	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Resident rights - work (§483.10(h)): "The resident has the right to- (1) Refuse to perform services for the facility; (2) Perform services for the facility, if he or she chooses, when - (i) The facility has documented the need or desire for work in the plan of care; (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid; (iii) Compensation for paid services is at or above prevailing rates; and (iv) The resident agrees to the work arrangement described in the plan of care."													
C 0372	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Resident rights - married couples (§483.10(m)): "The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement."	2												
C 1001	[A CAH must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the CAH may need to place on such rights and the reasons for the clinical restriction or limitation.] A CAH must meet the following requirements: (1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, in advance of furnishing patient care whenever possible. (2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to	4												



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31, 2018										
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				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State	Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 1001 (con	tt.) receive the visitors whom he or she designates, including, but													
	not limited to, a spouse, a domestic partner (including a same-													
	sex domestic partner), another family member, or a friend,													
	and his or her right to withdraw or deny such consent at any													
	time.			6R91										
Z 0055	Entity's duty to report to the department. Except as provided													
	under pars. (b) and (c), an entity shall report to the													
	department any allegation of an act, omission or course of													
	conduct described in this chapter as client abuse or neglect or													
	misappropriation of client property committed by any person													
	employed by or under contract with the entity if the person is													
	under the control of the entity. The entity shall submit its													
	report on a form provided by the department within 7													
	calendar days from the date the entity knew or should have													
	known about the misconduct. The report shall contain													
	whatever information the department requires.		2	BVI3	Complaint	Complaint								
Physical En	nvironment (all K tags are counted as federal cites)	257	()										
		,				_						_		
A 0700	The hospital must be constructed, arranged, and maintained													
	to ensure the safety of the patient, and to provide facilities for					Recertification,								
	diagnosis and treatment and for special hospital services					Validation,		Recertification,	Recertification,	Recertification,		Recertification,		
	appropriate to the needs of the community.	8		FA25	Recertification	Relicensure	Recertification	Relicensure	Follow-up	Complaint	Recertification	Follow-up		
A 701	The condition of the physical plant and the overall hospital													
	environment must be developed and maintained in such a													
	manner that the safety and well-being of patients are assured.					Recertification,								
		2		FA25	Recertification	Complaint								
A 0709	Life Safety from Fire					Recertification,								
						Validation,		Recertification,		Recertification,		Recertification,		
		8		FA25	Recertification	Relicensure	Recertification	Relicensure	Recertification	Complaint	Recertification	Follow-up		
A 0724	[the services furnished by the distinct part unit must													
	comply with§412.25(a)(2) through (f) of Part 412Satellite													
	facilities (§412.25(e)(2)).] "(ii) The satellite facility													
	independently complies with- (A) For a rehabilitation unit,					Recertification,		Recertification,						
1	the requirements under §412.23(b)(2); or (B) For a psychiatric		1			Validation,	Recertification,	Follow-up,	Relicensure,	Recertification,				
				FA25		Relicensure	Relicensure	Validation	Follow-up	Relicensure				



	Hospital Citation Report for J.													
	(Tags must have been cited twice or more	during t	he period	t										
Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 1001 (cont.)	receive the visitors whom he or she designates, including, but								0 7				0 7	0 7
	not limited to, a spouse, a domestic partner (including a same- sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any													
Z 0055	time. Entity's duty to report to the department. Except as provided								_					
2 0055	under pars. (b) and (c), an entity shall report to the department any allegation of an act, omission or course of													
	conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person													
	employed by or under contract with the entity if the person is													
	under the control of the entity. The entity shall submit its													
	report on a form provided by the department within 7													
	calendar days from the date the entity knew or should have													
	known about the misconduct. The report shall contain whatever information the department requires.		,	,										
Physical Envi	ronment (all K tags are counted as federal cites)	257		= <u> </u>)										
1 Hy Sicur Elivi	romacin (an it mgs are counted as reactal cites)	207	·	•										
A 0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for													
	diagnosis and treatment and for special hospital services													
. =04	appropriate to the needs of the community.	8												
A 701	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a													
	manner that the safety and well-being of patients are assured.													
	infantier that the safety and wen-being of patients are assured.	2												
A 0709	Life Safety from Fire													
		8												
A 0724	[the services furnished by the distinct part unit must													
	comply with§412.25(a)(2) through (f) of Part 412Satellite facilities (§412.25(e)(2)).] "(ii) The satellite facility													
	independently complies with- (A) For a rehabilitation unit,													
	the requirements under §412.23(b)(2); or (B) For a psychiatric													
	unit, the requirements under §412.27(a)."	6												



	Hospital Citation Report for J	anuary	1, 2018 - De	cember 31,	2018										
	(Tags must have been cited twice or more					ster.)									
					Special	l '									
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey						
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0204	[The items available must include the following:] Equipment														
	and supplies commonly used in life saving procedures,														
	including airways, endotracheal tubes, ambu bag/valve/mask,														
	oxygen, tourniquets, immobilization devices, nasogastric														
	tubes, splints, IV therapy supplies, suction machine,														
	defibrillator, cardiac monitor, chest tubes, and indwelling						Recertification,								
	urinary catheters.	2		6R91		Recertification	Follow-up								
C 0220	Physical Plant and Environment					Recertification,				Recertification,			Recertification,		Recertification,
		11		6R91		Relicensure	Recertification	Recertification	Recertification	Complaint	Recertification	Recertification	Relicensure	Recertification	Licensure
C 0222	The CAH has housekeeping and preventive maintenance						Recertification,								
	programs to ensure that all essential mechanical, electrical,						Follow-								
	and patient care equipment is maintained in safe operating					Recertification,	up/Revisit,		Recertification,	Recertification,	Recertification,				
	condition;	6		6R91		Relicensure	Relicensure	Recertification	Complaint	Complaint	Follow-up				
C 0224	[The CAH has housekeeping and preventive maintenance														
	programs to ensure that] drugs and biologicals are						Recertification,								
	appropriately stored;	2		6R92		Recertification	Follow-up								
C 0225	[The CAH has housekeeping and preventive maintenance			0102		recertification	Recertification,								
C 0223	programs to ensure that-the premises are clean and orderly;						Follow-			Recertification,					
	programs to cribare that the premises are clean and orderly,					Recertification,	up/Revisit,			Licensure,		Recertification,			
		7		6R91		Relicensure	Relicensure	Recertification	Recertification	Follow-up	Recertification	Follow-up			
C 0226	[The CAH has housekeeping and preventive programs to														
	ensure that- there is proper ventilation, lighting, and														
	temperature control in all pharmaceutical, patient care, and					Recertification,		Recertification,							
	food preparation areas.	4		6R91		Complaint	Recertification	Follow-up	Recertification						



	Hospital Citation Report for J	anuary 1	, 2 018 - D	e										
	(Tags must have been cited twice or more	during t	he period	t										
_		# Fed	# State	Deficiency #11 Survey	Survey	Survey	Deficiency #14 Survey	Survey	Deficiency #16 Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0204	[The items available must include the following:] Equipment and supplies commonly used in life saving procedures, including airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric													
	tubes, splints, IV therapy supplies, suction machine,													
	defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.													
C 0220	Physical Plant and Environment	2												
		11		Recertification										
C 0222	The CAH has housekeeping and preventive maintenance programs to ensure that—all essential mechanical, electrical, and patient care equipment is maintained in safe operating													
	condition;	6												
C 0224	[The CAH has housekeeping and preventive maintenance programs to ensure that] drugs and biologicals are appropriately stored;	2												
C 0225	[The CAH has housekeeping and preventive maintenance programs to ensure that- the premises are clean and orderly;													
C 0226	[The CAH has housekeeping and preventive programs to ensure that- there is proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.	4												



	Hospital Citation Report for J					•									
	(Tags must have been cited twice or more	during	the period	to be entere		ster.)									
_		# Fed	# State			Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #1 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0231	Except as otherwise provided in this section—(i) the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal-regulations/ibr locations.html.					Recertification,							Recertification,		Recertification
	<u> </u>	12		6R91		Relicensure	Recertification	Recertification	Recertification	Recertification	Recertification	Recertification	Relicensure	Recertification	Licensure
C 0231 (cont.	Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. (ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH. After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the CAH, but only if the waiver does not adversely affect the health and safety of patients.			6R91											



	Hospital Citation Report for J	anuary	1, 2018 - De											
	(Tags must have been cited twice or more	during	the period t	t T										
Tag	Regulation	# Fed Cites	# State	Deficiency #11 Survey Category	Survey	Deficiency #13 Survey Category	1 -	Survey	Deficiency #16 Survey Category	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 0231	Ü	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0231	Except as otherwise provided in this section—(i) the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal-regulations/ibr_locations.html.	12		Recertification, Follow-up	Recertification									
C 0231 (cont.)	Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. (ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH. After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the CAH, but only if the waiver does not adversely affect the health and safety of patients.			,										



	Hospital Citation Report for J	anuary	1, 2018 - De	ecember 31,	2018										
	(Tags must have been cited twice or more	during	the period			ster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
_		# Fed	# State	1		Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0131	Multiple Occupancies - Sections of Health Care Facilities														
	Sections of health care facilities classified as other occupancies														
	meet all of the following: * They are not intended to serve four														
	or more inpatients. * They are separated from areas of health														
	care occupancies by construction having a minimum 2-hour														
	fire resistance rating in accordance with Chapter 8. * The														
	entire building is protected throughout by an approved,														
	supervised automatic sprinkler system in accordance with														
	Section 9.7. Hospital outpatient surgical departments are							Recertification,							
	required to be classified as an Ambulatory Health Care				Regs for	Recertification,		Life Safety							
	Occupancy regardless of the number of patients served.				Existing	·	Recertification,	Code, Follow-							
	18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623	3			0	Safety Code	Life Safety Code								
K 0133	Multiple Occupancies - Construction Type Where separated														
	occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4,														
	the most stringent construction type is provided throughout														
	the building, unless a 2-hour separation is provided in														
	accordance with 8.2.1.3, in which case the construction type is														
	determined as follows: * The construction type and														
	supporting construction of the health care occupancy is based														
	on the story in which it is located in the building in														
	accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The														
	construction type of the areas of the building enclosing the				Regs for										
	other occupancies shall be based on the applicable occupancy				Existing	Recertification.	Recertification,	Recertification.							
	chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3	3			O	·	Life Safety Code	· ·	e						



	Hospital Citation Report for J.													
	(Tags must have been cited twice or more	during	the period											
		# Fed	# State	Deficiency #11 Survey	Survey	Deficiency #13 Survey	Survey	,	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0131	Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: * They are not intended to serve four or more inpatients. * They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. * The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623													
K 0133	Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3	3												



	Hospital Citation Report for]														
	(Tags must have been cited twice or more	during	the period	to be entered	l in this ro Special	oster.)	1								
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #1
		# Fed	# State			Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID		Survey Category		Category	Category	Category	Category	Category	Category	Category	Category
K 0161	Building Construction Type and Height 2012 EXISTING	Cites	Cites	Reg_Set_ID	Jeis	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0101	Building construction type and stories meets Table 19.1.6.1,														
	unless otherwise permitted by 19.1.6.2 through 19.1.6.7														
	19.1.6.4, 19.1.6.5														
	Construction Type														
	1 I (442), I (332), II (222) Any number of stories														
	The state of the s														
	non-sprinklered and sprinklered 2 II (111) One story non-sprinklered														
	Maximum 3 stories sprinklered														
	3 II (000) Not allowed non-sprinklered 4														
1	III (211) Maximum 2 stories sprinklered														
	5 IV (2HH)			,	2 6	Dti:::		Recertification,							
	6 V (111)			I I	Regs for	Recertification,	D	Validation, Life							
1	7 III (200) Not allowed non-sprinklered				Existing										
T/ 01/1 /	8 V (000) Maximum 1 story sprinklered	3		K307	Structures	Safety Code	Life Safety Cod	e Safety Code							
K 0161 (con	Sprinklered stories must be sprinklered throughout by an														
	approved, supervised automatic system in accordance with														
	section 9.7. (See 19.3.5) Give a brief description, in REMARKS,														
	of the construction, the number of stories, including														
	basements, floors on which patients are located, location of				Regs for										
	smoke or fire barriers and dates of approval. Complete sketch				Existing										
	or attach small floor plan of the building as appropriate.				Structures										
K 0222	Egress Doors Doors in a required means of egress shall not be														
i	equipped with a latch or a lock that requires the use of a tool														
	or key from the egress side unless using one of the following														
	special locking arrangements:														
	CLINICAL NEEDS OR SECURITY THREAT LOCKING														
	Where special locking arrangements for the clinical security														
i	needs of the patient are used, only one locking device shall be														
	permitted on each door and provisions shall be made for the														
	rapid removal of occupants by: remote control of locks;														
	keying of all locks or keys carried by staff at all times; or other														
	such reliable means available to the staff at all times.			,	Regs for		Recertification,								
	18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6				Existing	Pogostificati	· · · · · · · · · · · · · · · · · · ·	Recertification,	Dogovtificati						
	SPECIAL NEEDS LOCKING ARRANGEMENTS (cont.)				O			·	Recertification,						
1	The state of the s	4		K307	Structures	Life Safety Code	Safety Code	Life Safety Code	Lite Safety Cod	e					



	Hospital Citation Report for J.													
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т.	P. Lt.	# Fed	# State	Deficiency #11 Survey	Survey	Survey	Deficiency #14 Survey	Survey	Deficiency #16 Survey		Survey		Deficiency #20 Survey	Deficiency #21 Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0161	Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)													
	7 III (200) Not allowed non-sprinklered													
	8 V (000) Maximum 1 story sprinklered	3												
K 0161 (cont.)	Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.													
K 0222	Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS (cont.)	4												



	Hospital Citation Report for J	anuary	1, 2018 - De	ecember 31,	2018										
	(Tags must have been cited twice or more					ster.)									
					Special	,									
				1	Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0222 (cont.)	18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4DELAYED-EGRESS														
	LOCKING ARRANGEMENTS Approved, listed delayed-														
	egress locking systems installed in accordance with 7.2.1.6.1														
	shall be permitted on door assemblies serving low and														
	ordinary hazard contents in buildings protected throughout														
	by an approved, supervised automatic fire detection system														
	or an approved, supervised automatic sprinkler system.														
	18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS														
	LOCKING ARRANGEMENTS Access-Controlled Egress														
	Door assemblies installed in accordance with 7.2.1.6.2 shall be														
	permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT														
	ACCESS LOCKING ARRANGEMENTS Elevator lobby exit														
	access door locking in accordance with 7.2.1.6.3 shall be														
	permitted on door assemblies in buildings protected														
	throughout by an approved, supervised automatic fire														
	detection system and an approved, supervised automatic				Regs for										
	sprinkler system. 18.2.2.2.4, 19.2.2.2.4				Existing										
				K307	Structures										
K 0223	Doors with Self-Closing Devices Doors in an exit passageway,														ļ
	stairway enclosure, or horizontal exit, smoke barrier, or														
	hazardous area enclosure are self-closing and kept in the														
	closed position, unless held open by a release device														
	complying with 7.2.1.8.2 that automatically closes all such														
	doors throughout the smoke compartment or entire facility														
	upon activation of:														
	* Required manual fire alarm system; and														
	* Local smoke detectors designed to detect smoke passing														
	through the opening or a required smoke detection system;														
	and				D (D							
	* Automatic sprinkler system, if installed; and				Regs for		D	Recertification,							
	* Loss of power.				Existing		Recertification,	1.							
	18.2.2.2.7. 18.2.2.2.8. 19.2.2.2.7. 19.2.2.2.8	3		K307	Structures	Lite Safety Code	Life Safety Code	Safety Code							



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	(Tags must have been cited twice or more	during t	he period	t										
				Deficiency #11	Deficiency #12	Deficiency #13	Deficiency #14	Deficiency #15	Deficiency #16	Deficiency #17	Deficiency #18	Deficiency #19	Deficiency #20	Deficiency #21
		# Fed		Survey		Survey	Survey	Survey						
Tag	Regulation	Cites	Cites	Category										
K 0222 (cont.)	6	Cites	Cites	Category										
10222 (cont.)	LOCKING ARRANGEMENTS Approved, listed delayed-													
	egress locking systems installed in accordance with 7.2.1.6.1													
	shall be permitted on door assemblies serving low and													
	ordinary hazard contents in buildings protected throughout													
	by an approved, supervised automatic fire detection system													
	or an approved, supervised automatic sprinkler system.													
	18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS													
	LOCKING ARRANGEMENTS Access-Controlled Egress													
	Door assemblies installed in accordance with 7.2.1.6.2 shall be													
	permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT													
	ACCESS LOCKING ARRANGEMENTS Elevator lobby exit													
	access door locking in accordance with 7.2.1.6.3 shall be													
	permitted on door assemblies in buildings protected													
	throughout by an approved, supervised automatic fire													
	detection system and an approved, supervised automatic													
	sprinkler system. 18.2.2.2.4, 19.2.2.2.4													
K 0223	Doors with Self-Closing Devices Doors in an exit passageway,													
1	stairway enclosure, or horizontal exit, smoke barrier, or													
	hazardous area enclosure are self-closing and kept in the													
	closed position, unless held open by a release device													
	complying with 7.2.1.8.2 that automatically closes all such													
	doors throughout the smoke compartment or entire facility													
	upon activation of:													
	* Required manual fire alarm system; and													
	* Local smoke detectors designed to detect smoke passing													
	through the opening or a required smoke detection system;													
	and													
	* Automatic sprinkler system, if installed; and													
	* Loss of power.													
	18.2.2.2.7. 18.2.2.2.8. 19.2.2.2.7. 19.2.2.2.8	3												



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	(Tags must have been cited twice or more	during	the period	to be entere		ster.)									
Т	Regulation	# Fed Cites	# State Cites	Res Cat ID		Deficiency #1 Survey Category	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag K 0271	Discharge from Exits: Exit discharge is arranged in	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0271	Discharge from Exits: Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the														
	exit discharge shall be a hard packed all-weather travel				Regs for			Recertification,							
	surface.				Existing	Recertification,	Recertification,	Validation, Life							
	18.2.7, 19.2.7	3		K307	Structures	Life Safety Code	Life Safety Cod	e Safety Code							
K 0293	Exit Signage 2012 EXISTING: Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)	4		K307	Regs for Existing Structures	1	1	Recertification,	Recertification, Validation, Life Safety Code						
K 0300	Protection - Other: List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	2		K307	Regs for Existing Structures		Recertification, Validation, Life Safety Code								
K 0311	Vertical Openings - Enclosure: 2012 EXISTING: Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6. If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.	3		K307	Regs for Existing Structures	1	•	Recertification,							



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Tag	Regulation	# Fed Cites		Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
K 0271	Discharge from Exits: Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7													
K 0293	Exit Signage 2012 EXISTING: Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)	3												
K 0300	Protection - Other: List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	2												
K 0311	Vertical Openings - Enclosure: 2012 EXISTING: Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6. If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.	3												



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		# Fed	# State			Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0321	Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates														
	that do not exceed 48 inches from the bottom of the door.				Regs for								Recertification,		Recertification,
	Describe the floor and zone locations of hazardous areas that				Existing	Recertification,	Recertification,	Recertification,	Recertification,	Recertification,	Recertification,	Recertification,	Validation, Life	Recertification,	Validation, Life
	are deficient in REMARKS.	14		K307	Structures	Life Safety Code	Life Safety Code	Life Safety Code	Life Safety Code	Life Safety Code	Life Safety Code	Life Safety Code	Safety Code	Life Safety Cod	e Safety Code
	and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)			K307	Regs for Existing Structures										
K 0324	Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	4		K307	Regs for Existing Structures	Recertification, Life Safety Code	· · · · · · · · · · · · · · · · · · ·	· ·	Recertification,						



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Tag	Regulation	# Fed Cites		Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	,	Survey	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
K 0321	Hazardous Areas - Enclosure 2012 EXISTING Hazardous	Cites	Cites	Cutegory	Curegory	Caregory	Curegory	Cutegory	Cutegory	Cutegory	Cutegory	Curegory	Cutegory	Caregory
	areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that			Recertification,	Recertification, Life Safety Code, Follow-	Recertification,	Recertification,							
K 0321 (cont.)	are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler	14		Life Safety Code	up	Life Safety Code	Life Safety Code							
	and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)													
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	(Tags must have been cited twice or more					ster.)									
		# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0341	Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	6		K307	Regs for Existing Structures	1	Recertification,		Recertification, Life Safety Code		Recertification,				
K 0343	Fire Alarm - Notification: 2012 EXISTING. Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1)			K307	Regs for Existing		Recertification, Validation, Life	Recertification, Life Safety Code		Surely Cour	Enc surely cook				
K 0345	Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	11		K307	Regs for Existing Structures	Recertification,	Recertification,	Recertification,	Recertification,		Recertification, e Life Safety Code				
K 0346	Fire Alarm - Out of Service: Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.	2		K307	Regs for Existing Structures	Recertification, Life Safety Code	Recertification,	e							



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Survey	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
K 0341	Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8		CARG	enegary				emagasy	emegozy	emegory		ent-gory		
K 0343	Fire Alarm - Notification: 2012 EXISTING. Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1)													
K 0345	Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	11		Recertification, Life Safety Code										
K 0346	Fire Alarm - Out of Service: Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6													



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					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0351	Spinkler System - Installation 2012 EXISTING: Nursing														
	homes, and hospitals where required by construction type,														
	are protected throughout by an approved automatic sprinkler														
	system in accordance with NFPA 13, Standard for the														
	Installation of Sprinkler Systems. In Type I and II														
	construction, alternative protection measures are permitted to														
	be substituted for sprinkler protection in specific areas where														
	state or local regulations prohibit sprinklers.														
	In hospitals, sprinklers are not required in clothes closets of														
	patient sleeping rooms where the area of the closet does not														
	exceed 6 square feet and sprinkler coverage covers the closet														
	footprint as required by NFPA 13, Standard for Installation of												Recertification,		
	Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,				Regs for				Recertification,				Life Safety		
	19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)				Existing	Recertification,	Recertification,	Recertification,	Validation, Life	Recertification,	Recertification,	Recertification,	Code, Follow-	Recertification,	Recertification,
	,,,(-)	11		K307	Structures	Life Safety Code	Life Safety Code	Life Safety Code		Life Safety Code	e Life Safety Code	Life Safety Code	up	Life Safety Code	Life Safety Code
K 0352	Sprinkler System - Supervisory Signals: Automatic sprinkler												•		
	system supervisory attachments are installed and monitored														
	for integrity in accordance with NFPA 72, National Fire														
	Alarm and Signaling Code, and provide a signal that sounds														
	and is displayed at a continuously attended location or				D (
	approved remote facility when sprinkler operation is				Regs for	D CC C	D								
	impaired. 9.7.2.1, NFPA 72				Existing	*	Recertification,								
14 0050	*	2		K307	Structures	Life Safety Code	Life Safety Code	2							
K 0353	Sprinkler System - Maintenance and Testing Automatic														
	sprinkler and standpipe systems are inspected, tested, and														
	maintained in accordance with NFPA 25, Standard for the														
	Inspection, Testing, and Maintaining of Water-based Fire														
	Protection Systems. Records of system design, maintenance,														
	inspection and testing are maintained in a secure location and														
	readily available.														
	a) Date sprinkler system last checked														
	1) 147														
	b) Who provided system test														
	c) Water system supply source														
	Provide in REMARKS information on coverage for any non-				D 6										
					Regs for	D CC C	D	D CC C	D	D CC C	D ((C) ()	D .:	D ('C' ('	D ('C' ('	D CC C
	required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25			14000	-						Recertification,				
	7.1.0, 7.1.1, 7.1.0, and INT A 43	21		K307	Structures	Life Safety Code	e Life Safety Code	Life Safety Code	Life Safety Cod	e Lite Satety Code	Life Safety Code				



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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
K 0351	Spinkler System - Installation 2012 EXISTING: Nursing	Cites	Cites	Category	Category									
K 0331	homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)			Recertification,										
	, , , ,	11		Life Safety Code										
K 0352	Sprinkler System - Supervisory Signals: Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72	2												
K 0353	Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	21		1	Recertification, Life Safety Code		Recertification,				Recertification, Life Safety Code	Recertification,	Recertification, Validation, Life Safety Code	Recertification, Life Safety Code



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	(Tags must have been cited twice or more					ster.)									
	. Ü	# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0354	Sprinkler System - Out of Service: Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been				Regs for										
	returned to service.				Existing	Recertification,	Recertification,								
	18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)	2		K307	Structures	Life Safety Code	Life Safety Code	2							
K 0355	Portable Fire Extinguishers: Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10	11		K307	Regs for Existing Structures		Recertification, Life Safety Code	Recertification,	Recertification,		Recertification, e Life Safety Code				Recertification,
K 0361	Corridors - Areas Open to Corridor: Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1	2		K307	Regs for Existing Structures	Recertification,							,		,
K 0363	Corridor - Doors 2012 EXISTING: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on				Regs for		Life Safety		Document Grantic	Populi Gartin	Događić - ti-	Paganti Grantia	Populi Gartin	Dogasti G-sti-	Populi Gradi
	corridor doors and rooms containing flammable or				Existing	Recertification,	Code, Follow-	Recertification,			Recertification,				·
	combustible materials.	18		K307	Structures	Life Safety Code	up	Life Safety Code	Life Safety Code	E Life Safety Cod	e Life Safety Code	Life Safety Code	e Life Safety Cod	e Life Safety Code	e Life Safety Cod



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_	D 14	# Fed	# State	Survey	Survey	Survey	Deficiency #14 Survey	Survey	Deficiency #16 Survey	Survey	Survey	Survey	Deficiency #20 Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0354	Sprinkler System - Out of Service: Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.													
i	18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)	2												
K 0355	Portable Fire Extinguishers: Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10	11		Recertification, Validation, Life Safety Code										
K 0361	Corridors - Areas Open to Corridor: Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1	2		,										
K 0363	Corridor - Doors 2012 EXISTING: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or			Recartification	Receptification	Recartification	Recartification	Recortification	Recertification,	Recartification	Recertification, Validation, Life			
	corridor doors and rooms containing flammable or			Recertification, Life Safety Code		kecertification,	kecertification,	kecertification,	kecertification,	kecertification,	validation, Life			



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_		# Fed	# State			Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0363 (cont.)	Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.			K307	Regs for Existing Structures										
K 0372	Subdivision of Building Spaces - Smoke Barrier Construction, 2012 EXISTING: Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.	5			Regs for Existing Structures		Recertification, Life Safety Code	Recertification, Validation, Life e Safety Code	Recertification, Life Safety Code	Recertification,	e				
K 0374	Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9			K307	Regs for Existing Structures	Recertification,	Recertification,	Recertification,	Recertification,	Recertification,	Recertification, e Life Safety Code			rundation, Line	



	Hospital Citation Report for J.													
	(Tags must have been cited twice or more	during	the period											
Tag	Regulation	# Fed Cites	# State	_	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	_	Deficiency #16 Survey Category	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
K 0363 (cont.)	Ü	Cites	Cites	caregory		Caregory	caregory	caregory	Curegory	Curegory	Caregory	Caregory	Caregory	caregory
,	open devices that release when the door is pushed or pulled													
	are permitted. Nonrated protective plates of unlimited height													
	are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.													
	Door frames shall be labeled and made of steel or other													
	materials in compliance with 8.3, unless the smoke													
	compartment is sprinklered. Doors in fully sprinklered smoke													
	compartments are only required to resist the passage of													
	smoke. Doors shall be provided with a means suitable for													
	keeping the door closed. In sprinklered compartments there													
	are no restrictions in area or fire resistance of glass or frames													
	in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460,													
	482, 483, and 485 Show in REMARKS details of doors such as													
	fire protection ratings, automatics closing devices, etc.													
K 0372	Subdivision of Building Spaces - Smoke Barrier Construction,													
	2012 EXISTING: Smoke barriers shall be constructed to a 1/2-													
	hour fire resistance rating per 8.5. Smoke barriers shall be													
	permitted to terminate at an atrium wall. Smoke dampers are													
	not required in duct penetrations in fully ducted HVAC													
	systems where an approved sprinkler system is installed for													
	smoke compartments adjacent to the smoke barrier. 19.3.7.3,													
	8.6.7.1(1) Describe any mechanical smoke control system in													
	REMARKS.	5												
K 0374	Subdivision of Building Spaces - Smoke Barrier Doors 2012													
	EXISTING Doors in smoke barriers are 1-3/4-inch thick solid													
	bonded wood-core doors or of construction that resists fire													
	for 20 minutes. Nonrated protective plates of unlimited height													
	are permitted. Doors are permitted to have fixed fire window													
	assemblies per 8.5. Doors are self-closing or automatic-													
	closing, do not require latching, and are not required to swing													
	in the direction of egress travel. Door opening provides a													
	minimum clear width of 32 inches for swinging or horizontal													
	doors. 19.3.7.6, 19.3.7.8, 19.3.7.9	9												



	Hospital Citation Report for Ja														
	(Tags must have been cited twice or more	during	the period	to be entere	ed in this ro	ster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0511	Utilities - Gas and Electric Equipment using gas or related gas														
	piping complies with NFPA 54, National Fuel Gas Code,														
	electrical wiring and equipment complies with NFPA 70,														
	National Electric Code. Existing installations can continue in				Regs for		Recertification,	Recertification,							
	service provided no hazard to life.				Existing	Recertification,	Validation, Life	Validation, Life	Recertification,						
	18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	4		K307	Structures	Life Safety Code	Safety Code	Safety Code	Life Safety Code						
K 0712	Fire Drills: Fire drills include the transmission of a fire alarm														
	signal and simulation of emergency fire conditions. Fire drills														
	are held at expected and unexpected times under varying														
	conditions, at least quarterly on each shift. The staff is familiar														
	with procedures and is aware that drills are part of														
	established routine. Where drills are conducted between 9:00				D (D ('C' ('			
	PM and 6:00 AM, a coded announcement may be used				Regs for	D CC C	D ('C' ('	D CC C	D CC C	D 1:0 1:	D 1:0: 1:	Recertification,	D CC C	D	
	instead of audible alarms. 19.7.1.4 through 19.7.1.7	9		K307	Existing Structures	· · · · · · · · · · · · · · · · · · ·	1	· ·	Recertification, Life Safety Code	1	· ·	Validation, Life Safety Code	· ·	Life Safety Code	



	Hospital Citation Report for J													
	(Tags must have been cited twice or more	# Fed	ne period # State	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey	Deficiency #14 Survey	Deficiency #15 Survey	Deficiency #16 Survey	Deficiency #17 Survey	Deficiency #18 Survey	Deficiency #19 Survey	Deficiency #20 Survey	Deficiency #2
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0511	Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	4												
K 0712	Fire Drills: Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7													



	Hospital Citation Report for														
	(Tags must have been cited twice or more	during	the period	to be entere		oster.)									
		# Fed	# State		Special Purpose	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #
Tag	Regulation	Cites	Cites	Reg_Set_ID		Survey Category	1 -		Category	Category	Category	Category	Category	Category	Category
K 0754	Soiled Linen and Trash Containers: Soiled linen or trash	Cites	Cites	iteg_set_ib	Sets	Survey caregory	Cutegory	Cutegory	Cutegory	Category	Cutegory	cutegory	Curegory	Cutegory	Cutegory
	collection receptacles shall not exceed 32 gallons in capacity.														
	The average density of container capacity in a room or space														
	shall not exceed 0.5 gallons/square feet. A total container														
	capacity of 32 gallons shall not be exceeded within any 64														
	square feet area. Mobile soiled linen or trash collection														
	receptacles with capacities greater than 32 gallons shall be														
	located in a room protected as a hazardous area when not														
	attended. Containers used solely for recycling are permitted														
	to be excluded from the above requirements where each														
	container is less than or equal to 96 gallons unless attended,														
	and containers for combustibles are labeled and listed as				Regs for	Recertification,									
	meeting FM Approval Standard 6921 or equivalent. 18.7.5.7,				Existing		Recertification,	Recertification							
	19.7.5.7	3		K307	Structures	Safety Code		Life Safety Code	3						
K 0900	Health Care Facilities Code - Other: List in the REMARKS			1007	Structures	Surety Code	Zine surety cour	Zine surety court							
	section any NFPA 99 requirements (excluding Chapter 7, 8,														
	12, and 13) that are not addressed by the provided K-Tags,														
	but are deficient. This information, along with the applicable				Regs for		Recertification,								
	Health Care Facilities Code or NFPA standard citation,				Existing	Recertification,	Validation, Life								
	should be included on Form CMS-2567.	2		K307	Structures	Life Safety Code	Safety Code								
K 0911	Electrical Systems - Other: List in the REMARKS section any														
	NFPA 99 Chapter 6 Electrical Systems requirements that are														
	not addressed by the provided K-Tags, but are deficient. This														
	information, along with the applicable Life Safety Code or				Regs for	Recertification,									
	NFPA standard citation, should be included on Form CMS-				Existing		Recertification,								
1	2567. Chapter 6 (NFPA 99)	2		K307	Structures	Safety Code	Life Safety Code	2				1			



	Hospital Citation Report for J													
	(Tags must have been cited twice or more	during t	he period	1										
_		# Fed	# State	Survey	Survey	Survey	Deficiency #14 Survey	Survey	Deficiency #16 Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0754	Soiled Linen and Trash Containers: Soiled linen or trash													
	collection receptacles shall not exceed 32 gallons in capacity.													
	The average density of container capacity in a room or space													
	shall not exceed 0.5 gallons/square feet. A total container													
	capacity of 32 gallons shall not be exceeded within any 64													
	square feet area. Mobile soiled linen or trash collection													
	receptacles with capacities greater than 32 gallons shall be													
	located in a room protected as a hazardous area when not													
	attended. Containers used solely for recycling are permitted													
	to be excluded from the above requirements where each													
	container is less than or equal to 96 gallons unless attended,													
	and containers for combustibles are labeled and listed as													
	meeting FM Approval Standard 6921 or equivalent. 18.7.5.7,													
	19.7.5.7	3												
K 0900	Health Care Facilities Code - Other: List in the REMARKS													
	section any NFPA 99 requirements (excluding Chapter 7, 8,													
	12, and 13) that are not addressed by the provided K-Tags,													
	but are deficient. This information, along with the applicable													
	Health Care Facilities Code or NFPA standard citation,													
	should be included on Form CMS-2567.	2												
K 0911	Electrical Systems - Other: List in the REMARKS section any													
	NFPA 99 Chapter 6 Electrical Systems requirements that are													
	not addressed by the provided K-Tags, but are deficient. This													
	information, along with the applicable Life Safety Code or													
	NFPA standard citation, should be included on Form CMS-													
	2567. Chapter 6 (NFPA 99)	2												



	Hospital Citation Report for J														
	(Tags must have been cited twice or more	during	the period			oster.)									
					Special										
					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State			Deficiency #1	Survey	Survey	Survey						
Tag	Regulation	Cites	Cites	Reg_Set_ID S	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0915	Electrical Systems - Essential Electric System Categories:														
	*Critical care rooms (Category 1) in which electrical system														
	failure is likely to cause major injury or death of patients,														
	including all rooms where electric life support equipment is														
	required, are served by a Type 1 EES. *General care rooms														
	(Category 2) in which electrical system failure is likely to														
	cause minor injury to patients (Category 2) are served by a														
	Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which														
	electrical system failure is not likely to cause injury to patients														
	and rooms other than patient care rooms are not required to							Recertification,							
	be served by an EES. Type 3 EES life safety branch has an			,	Regs for	Recertification,		Life Safety							
	alternate source of power that will be effective for 1-1/2 hours.				Existing	Validation, Life	Pagartification	Code, Follow-							
	3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3	2			Structures		Life Safety Code								
K 0916	Electrical Systems - Essential Electric System Alarm	3		K307	Structures	Safety Code	Life Safety Code	eup							
K 0910	Annunciator. A remote annunciator that is storage battery														
	powered is provided to operate outside of the generating														
	room in a location readily observed by operating personnel.														
	The annunciator is hard-wired to indicate alarm conditions of														
	the emergency power source. A centralized computer system						Recertification,								
l	(e.g., building information system) is not to be substituted for				Regs for		Life Safety								
	the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)				Existing	Recertification,	Code, Follow-								
	the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.3 (NFFA 99)	2			Structures	Life Safety Code									
K 0918	Electrical Systems - Essential Electric System Maintenance					<u> </u>									
l	and Testing The generator or other alternate power source														
	and associated equipment is capable of supplying service														
	within 10 seconds. If the 10-second criterion is not met during														
	the monthly test, a process shall be provided to annually														
	confirm this capability for the life safety and critical branches.														
	Maintenance and testing of the generator and transfer														
	switches are performed in accordance with NFPA 110.														
	Generator sets are inspected weekly, exercised under load 30														
	minutes 12 times a year in 20-40 day intervals, and exercised														
	once every 36 months for 4 continuous hours. Scheduled test						Recertification,								
	under load conditions include a complete simulated cold start				Regs for		Life Safety								
	and automatic or manual transfer of all EES loads, and				Existing	Recertification,	Code, Follow-	Recertification.	Recertification.	Recertification,	Recertification.	Recertification.	Recertification.		
		R			Structures	Life Safety Code			·	Life Safety Code		1	1		



	Hospital Citation Report for J	anuary 1	. 2018 - D	e										
	(Tags must have been cited twice or more													
		# Fed	# State	Deficiency #11 Survey	Survey	Survey	Deficiency #14 Survey	Survey	Survey	Deficiency #17 Survey	Deficiency #18 Survey	Deficiency #19 Survey	Deficiency #20 Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0915	Electrical Systems - Essential Electric System Categories: *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3													
K 0916	Electrical Systems - Essential Electric System Alarm Annunciator. A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)	2												
K 0918	Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and	8												



	Hospital Citation Report for J														
	(Tags must have been cited twice or more	during	the period			ster.)									
		# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10
Tag	Regulation	Cites	Cites	Reg_Set_ID		Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0918 (cont	are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA				Regs for Existing										
	111, 700.10 (NFPA 70)				Structures										
K 0920	Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non- PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards	5			Regs for Existing Structures	Recertification, Validation, Life Safety Code			Recertification, e Life Safety Code	Recertification, Validation, Life Safety Code					
K 0920 (cont	All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5				Regs for Existing Structures										



	Hospital Citation Report for J	anuary 1	, 2018 - De	2										
	(Tags must have been cited twice or more	during t	he period	t										
		# Fed		Survey	Survey	Survey	Deficiency #14 Survey	Survey	Deficiency #16 Survey	Survey	Survey	Deficiency #19 Survey	Deficiency #20 Survey	Survey
Tag	Regulation	Cites	Cites	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0918 (cont.)	are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new													
	installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)													
K 0920	Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non- PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards	5												
K 0920 (cont.)	All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5													



	Hospital Citation Report for J	anuary	1, 2018 - De	ecember 31,	2018										
	(Tags must have been cited twice or more					ster.)									
					Special		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Purpose	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID		Survey Category	1	Category							
K 0923	Gas Equipment - Cylinder and Container Storage. Greater	Cites	Cites	Reg_Set_ID	Jeis	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0723	than or equal to 3,000 cubic feet: Storage locations are														
	designed, constructed, and ventilated in accordance with														
	5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet: Storage														
	locations are designed, constructed, and ventilated in														
	accordance with 5.1.3.3.2 and 5.1.3.3.3. <u>Less than or equal to</u>														
	300 cubic feet: In a single smoke compartment, individual														
	cylinders available for immediate use in patient care areas														
	with an aggregate volume of less than or equal to 300 cubic														
	feet are not required to be stored in an enclosure. Cylinders				Regs for	Recertification,	Recertification,								
	must be handled with precautions as specified in 11.6.2.				Existing	Validation, Life	Validation, Life								
	intust be narrated with precautions as specified in 11.0.2.	2		K307	Structures	Safety Code	Safety Code								
K 0923 (Cont.)	A precautionary sign readable from 5 feet is on each door or														
	gate of a cylinder storage room, where the sign includes the														
	wording as a minimum "CAUTION: OXIDIZING GAS(ES)														
	STORED WITHIN NO SMOKING." Storage is planned so														
	cylinders are used in order of which they are received from														
	the supplier. Empty cylinders are segregated from full														
	cylinders. When facility employs cylinders with integral														
	pressure gauge, a threshold pressure considered empty is														
	established. Empty cylinders are marked to avoid confusion.														
	Cylinders stored in the open are protected from weather.														
	11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)+B189														



	(Tags must have been cited twice or more	1												
		auring 1	the period t											
Tag	Regulation	# Fed Cites	# State	Deficiency #11 Survey Category	Survey	Deficiency #13 Survey Category	Survey	,	Survey	Survey	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
	Equipment - Cylinder and Container Storage. Greater	Cites	Cites	cutegory	Cutegory	Cutegory	Cutegory	Cutegory	cutegory	Cutegory	Cutegory	Cutegory	Cutegory	Caregory
	or equal to 3,000 cubic feet: Storage locations are													
	ned, constructed, and ventilated in accordance with													
	3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet: Storage													
	ons are designed, constructed, and ventilated in													
	dance with 5.1.3.3.2 and 5.1.3.3.3. <u>Less than or equal to</u>													
	ubic feet: In a single smoke compartment, individual													
cylind	ders available for immediate use in patient care areas													
with a	an aggregate volume of less than or equal to 300 cubic													
feet ar	re not required to be stored in an enclosure. Cylinders													
must t	be handled with precautions as specified in 11.6.2.	2												
K 0923 (Cont.) A pred	ecautionary sign readable from 5 feet is on each door or													
gate o	of a cylinder storage room, where the sign includes the													
wordi	ing as a minimum "CAUTION: OXIDIZING GAS(ES)													
STOR	RED WITHIN NO SMOKING." Storage is planned so													
cylind	ders are used in order of which they are received from													
the su	applier. Empty cylinders are segregated from full													
	ders. When facility employs cylinders with integral													
1	ure gauge, a threshold pressure considered empty is													
	lished. Empty cylinders are marked to avoid confusion.													
	ders stored in the open are protected from weather.													
11.3.1,	, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)+B189													



	Hospital Citation Report for J													
	(Tags must have been cited twice or more	during	the period		ster.)									
				Special										
				Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State	Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
QAPI		10	0											
A 0263	The hospital must develop, implement and maintain an													
	effective, ongoing, hospital-wide, data-driven quality													
	assessment and performance improvement program. The													
	hospital's governing body must ensure that the program													
	reflects the complexity of the hospital's organization and													
	services; involves all hospital departments and services													
	(including those services furnished under contract or													
	arrangement); and focuses on indicators related to improved													
	health outcomes and the prevention and reduction of medical													
	errors. The hospital must maintain and demonstrate evidence													
	of its QAPI program for review by CMS.					Recertification,								
	of its QALL program for review by Civio.	2		FA25	Complaint	Follow-up								
A 0273	(a) Program Scope: (1) The program must include, but not be													
	limited to, an ongoing program that shows measurable													
	improvement in indicators for which there is evidence that it													
	will improve health outcomes													
	(2) The hospital must measure, analyze, and track quality													
	indicators and other aspects of performance that assess													
	processes of care, hospital service and operations.						Recertification,							
	r · · · · · · · · · · · · · · · · · · ·	3		FA25	Complaint	Recertification	Follow-up							
A 0273 (cont.)	(b)Program Data: (1) The program must incorporate quality													
	indicator data including patient care data, and other relevant													
	data, for example, information submitted to, or received from,													
	the hospital's Quality Improvement Organization. (2) The													
	hospital must use the data collected to (i) Monitor the													
	effectiveness and safety of services and quality of care; and													
	(3) The frequency and detail of data collection must be													
	specified by the hospital's governing body.													
	1 January			FA25										



	Hospital Citation Report for J. (Tags must have been cited twice or more												
Tag	Regulation	# Fed	# State	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	-	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
QAPI		10	0										
A 0263	The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.	2											
A 0273	(a) Program Scope: (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes (2) The hospital must measure, analyze, and track quality indicators and other aspects of performance that assess processes of care, hospital service and operations.	3											
A 0273 (cont.)	(b)Program Data: (1) The program must incorporate quality indicator data including patient care data, and other relevant data, for example, information submitted to, or received from, the hospital's Quality Improvement Organization. (2) The hospital must use the data collected to (i) Monitor the effectiveness and safety of services and quality of care; and(3) The frequency and detail of data collection must be specified by the hospital's governing body.												



	Hospital Citation Report for J	anuary	1, 2018 - D	ecember 31, 2018										
	(Tags must have been cited twice or more				oster.)									
		# Fed	# State	Special Purpose	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0337	The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that- all patient care services and other services affecting patient health and safety are evaluated.	3		6R91	Recertification, Relicensure	Recertification, Follow- up/Revisit, Relicensure	Recertification							
C 0342	[The program requires that] the CAH also takes appropriate													
	remedial action to address deficiencies found through the				Recertification,	Recertification,								
	quality assurance program.	2		6R91	Complaint	Follow-up								
Chief of Ser	vices	0	C)										
Psychiatric	Services	24	C											
B 0122	The written plan must include the specific treatment						Recertification,	Recertification,						
	modalities utilized.	4		FB01	Recertification	Recertification	Follow-up	Follow-up						
B 0123	The written plan must include the responsibilities of each				Recertification,	Recertification,	_							
	member of the treatment team.	2		FB01	Follow-up	Follow-up								
B 0125	The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.	3		FB01	Recertification	Recertification	Recertification, Follow-up							
B 0136	The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in	3		FB01	Recertification	Recertification	Recertification,							
B 0144	discharge planning. The director must monitor and evaluate the quality and	3		1501	receimenton	recermication	1 onow-up							1
D 0177	appropriateness of services and treatment provided by the					D CC C	D CC C		D CC C					
	medical staff.	_		FD01	D UC U	Recertification,	Recertification,	D ('C' ('	Recertification,					
D 0140	The dimensional demonstrate consistency of the control of the cont	5		FB01	Recertification	Follow-up	Follow-up	Recertification	Follow-up					1
B 0148	The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to													
	give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.					Recertification,	Recertification,		Recertification,					



	Hospital Citation Report for J.	anuary 1	, 2018 - D)e										
	(Tags must have been cited twice or more													
Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
C 0337	The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that- all patient care services and other services affecting patient health and safety are evaluated.	3												
C 0342	[The program requires that] the CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.	2												
Chief of Serv		0	(0										
				+										
Psychiatric S	ervices	24	(0										
B 0122	The written plan must include the specific treatment modalities utilized.	4												
B 0123	The written plan must include the responsibilities of each member of the treatment team.	2												
B 0125	The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.	3												
В 0136	The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.	3												
B 0144	The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	5												
B 0148	The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.	5												



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			# State			Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
B 0150	There must be adequate numbers of registered nurses,														
	licensed practical nurses, and mental health workers to														
	provide the nursing care necessary under each patient's active						D ('C' ('								
	treatment program.						Recertification,								
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Tag	Regulation	# Fed Cites	# State Cites	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category	Deficiency #14 Survey Category	Deficiency #15 Survey Category	Deficiency #16 Survey Category	Deficiency #17 Survey Category	Deficiency #18 Survey Category	Deficiency #19 Survey Category	Deficiency #20 Survey Category	Deficiency #21 Survey Category
B 0150	There must be adequate numbers of registered nurses,	Cites	Cites	Category										
	licensed practical nurses, and mental health workers to													
	provide the nursing care necessary under each patient's active													
	treatment program.	2												
Other		0		0										
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					Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10
		# Fed	# State		Regulation	Deficiency #1	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Survey Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
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				Deficiency #11	Deficiency #12	Deficiency #13	Deficiency #14	Deficiency #15	Deficiency #16	Deficiency #17	Deficiency #18	Deficiency #19	Deficiency #20	Deficiency #21
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