

	Hospital Citation Repor	t for Jar	nuary 1, 20	19 - Decem	ber 31, 2019	)													
	(Tags must have been cited twice or	more d	uring the p	eriod to be		his roster.)													
		# Fed	# State		Special Purpose Regulation	Deficiency #1 Survey	_	Deficiency #3 Survey	Deficiency #4 Survey	-	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey		Deficiency #9 Survey	Deficiency #1	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey
Tag	Regulation	Cites		Reg_Set_ID		Category	1	Category		, ,	Category	Category	Category	,	Category	Category	Category	Category	Category
				- 0		- · · · · g· · y	,	g · y	,	g- y	, ,	, ,	,	, ,	, ,	, ,	1	, ,	, and the second
Discharge Plan	nning	9	0																
	(1) The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician. (3) - The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services. (4) - The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.	2		FA27		Recertification	Complaint												
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.	3		FA27		Complaint	Recertification	Complaint											
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		FA27		Complaint	Complaint	•											
	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.	2		FA27		Complaint	Complaint												
EMTALA		51	0																
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24	13		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint



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					Special														
					Purpose	Deficiency #1	1	Deficiency #3	1	Deficiency #4	_	1	1	1 -	1 1	,	1	_	Deficiency #13
		# Fed	# State		Regulation		Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 2401	[The provider agrees,] in the case of a hospital as defined in																		
	§489.24(b), to report to CMS or the State survey agency any																		
	time it has reason to believe it may have received an																		
	individual who has been transferred in an unstable																		
	emergency medical condition from another hospital in																		
	violation of the requirements of §489.24(e).	2		FA27		Complaint	Complaint												
A 2402	[The provider agrees,] in the case of a hospital as defined in																		
	§489.24(b), to post conspicuously in any emergency																		
	department or in a place or places likely to be noticed by all															1		1	
	individuals entering the emergency department, as well as																		
	those individuals waiting for examination and treatment in															1		1	
	areas other than traditional emergency departments (that is,																		
	entrance, admitting area, waiting room, treatment area) a sign																		
	(in a form specified by the Secretary) specifying the rights of																		
	individuals under section 1867 of the Act with respect to																		
	examination and treatment for emergency medical conditions																		
	and women in labor; and to post conspicuously (in a form																		
	specified by the Secretary) information indicating whether or																		
	not the hospital or rural primary care hospital (e.g., critical																		
	access hospital) participates in the Medicaid program under a																		
	State plan approved under Title XIX.	5		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint								
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															1		1	
	emergency department, to determine whether or not an															1		1	
	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																		
	·	6		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint				1		1	



	Hospital Citation Repor	t for Jan	nuary 1, 20	19 - Decem	ber 31, 2019	)													
	(Tags must have been cited twice or	more d	uring the	period to be	entered in	this roster.)													
					Special														
					Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	1	Deficiency #1	1 Deficiency #12	Deficiency #13
		# Fed	# State		Regulation		Survey	Survey	Survey	Survey	Survey								
Tag	Regulation	Cites	Cites	Reg_Set_IL	Sets	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.			FA27															
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													1					
	is required only to perform such screening as would be																		
	appropriate for any individual presenting in that manner, to													1					
	determine that the individual does not have an emergency													1					
	medical condition.			FA27										1					



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					Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10	Deficiency #11	Deficiency #12	Deficiency #13
		# Fed	# State		Regulation	Survey	Survey	Survey	Survey										
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category										
A 2407 1	) General. Subject to the provisions of paragraph (d)(2) of this																		
s	ection, if any individual (whether or not eligible for Medicare																		
b	penefits) comes to a hospital and the hospital determines that																		
t	he individual has an emergency medical condition, the																		
ŀ	nospital must provide either- (i) within the capabilities of the																		
s	taff and facilities available at the hospital, for further medical																		
e	xamination and treatment as required to stabilize the medical																		
c	ondition. (ii) For for transfer of the individual to another																		
r	nedical facility in accordance with paragraph (e) of this																		
s	ection. (2) Exception: Application to inpatients. (i) If a																		
ŀ	nospital has screened an individual under paragraph (a) of																		
t	his section and found the individual to have an emergency																		
r	nedical condition, and admits that individual as an inpatient																		
i	n good faith in order to stabilize the	7		FA27		Complaint													
A 2407 (cont) e	mergency medical condition, the hospital has satisfied its					_				_	_								
s	pecial responsibilities under this section with respect to that																		
i	ndividual. (ii) This section is not applicable to an inpatient																		
v	who was admitted for elective (nonemergency) diagnosis or																		
t	reatment. (iii) A hospital is required by the conditions of																		
l r	participation for hospitals under Part 482 of this chapter to																		
F	provide care to its inpatients in accordance with those																		
c	onditions of participation. (3) Refusal to consent to																		
t	reatment. A hospital meets the requirements of paragraph																		
(	d)(1)(i) of this section with respect to an individual if the																		
ŀ	nospital offers the individual the further medical examination																		
a	and treatment described in that paragraph and informs the																		
i	ndividual (or a person acting on the individual's behalf) of																		
ť	he risks and benefits to the individual of the			FA27															
A 2407 (cont) e	xamination and treatment, but the individual (or a person																		
a	cting on the individual's behalf) does not consent to the																		
e	examination or treatment. The medical record must contain a																		
d	lescription of the examination, treatment, or both if																		
a	pplicable, that was refused by or on behalf of the individual.																		
Г	The hospital must take all reasonable steps to secure the																		
i	ndividual's written informed refusal (or that of the person																		
a	cting on his or her behalf). The written document should																		
i	ndicate that the person has been informed of the risks and																		
l:	penefits of the examination or treatment, or both.			FA27															



	Hospital Citation Repor	t for Jar	uary 1, 201	l9 - Deceml	ber 31, 2019														
	(Tags must have been cited twice or	more d	uring the p	eriod to be	entered in t	his roster.)													
					Special														
						Deficiency #1	Deficiency #2	, ,	1 -		1	1	1	1	1	,	Deficiency #11	Deficiency #12	Deficiency #13
		# Fed	# State		Regulation		Survey	Survey	Survey	,	Survey	Survey	Survey	1	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 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. (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	5		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint								



	Hospital Citation Repor																		
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Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_II	Special Purpose Regulation	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category	Deficiency #6 Survey Category	Deficiency #7 Survey Category	Deficiency #8 Survey Category	Deficiency #9 Survey Category	Deficiency #10 Survey Category	Deficiency #1 Survey Category	1 Deficiency #12 Survey Category	Deficiency #13 Survey Category
	(C) If a physician is not physically present in the emergency	Cites	Cites	Reg_Set_II	Jets	Category	Category	Category	Category										
A 2409 (COIII)	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. (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.			E 4 05															
1.2400 ( 1)	(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			FA27							1								
A 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																		
1	diagnosis, results of diagnostic studies or telephone reports of																		
1	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																		
i	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																		
ı	available or historical records not readily available from the																		
1	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.			FA27															



	Hospital Citation Repor	rt for Jar	uary 1, 20	19 - Decem	ber 31, 2019	9													
	(Tags must have been cited twice or				entered in														
					Special														
					Purpose	Deficiency #1	_	Deficiency #3		Deficiency #4	_	1 1	,	Deficiency #8	, ,	_	1	1	1
		# Fed	# State		Regulation		Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 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														1				
	or she is aware of the risks and benefits of the transfer. (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					Complaint,	Complaint,												
	risks and benefits upon which it is based; or	2		FA25		Followup	Followup												
A 2409 (cont)	(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. (2) A transfer to another medical facility will be														1				
	appropriate only in those cases in which - (i) The transferring														1				
	hospital provides medical treatment within its capacity that														1				
	minimizes the risks to the individual's health and, in the case														1				
	of a woman in labor, the health of the unborn child; (ii) The														1				
	receiving facility (A) Has available space and qualified												1						
	personnel for the treatment of the individual; and (B) Has														1				
	agreed to accept transfer of the individual and to provide												1						
	appropriate medical treatment.												1						
	i * * *			FA25									1						1



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					Special														
		l			Purpose	Deficiency #1	Deficiency #2	_	Deficiency #4	Deficiency #4	Deficiency #5	,	Deficiency #7	Deficiency #8	Deficiency #9	1	,	Deficiency #12	_
		# Fed	# State		Regulation		Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_II	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 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.			FA25								1							
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						Recertification,												
	discharge; (ii) The effective date of transfer or discharge; (iii)					Recertification,	Follow-												
	The location to which the resident is transferred or discharged;	2		6R92		Validation	up/Validation												
C 0379 (cont.	) (iv) A statement that the resident has the right to appeal the																		
	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 0000 /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		6R92		1		1			1	1				1			
C 0379 (cont	and Bill of Rights Act; and (vii) For nursing facility residents										1								
	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.			6R92															
C 2400	[The provider agrees,] in the case of a hospital as defined in			01372			Complaint,				+	+							
C 2400	§489.24(b), to comply with §489.24.	4		6R93		Complaint	Follow-up	Complaint	Complaint	Complaint									
	(S407.24(D), to COMPIY WITH S407.24.	1 7	I	0100	1	Complain	2 chow up	Complaint	Complant	Complant	1	1	1	1	1		l	1	l.



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Tag	Regulation	Cites	Cites	Reg_Set_II		Category	Category	Category	Category	Category									
C 2405	[The provider agrees,] in the case of a hospital as defined in																		
	§489.24(b) (including both the transferring and receiving																		
	hospitals), to maintain a central log on each individual who																		
	comes to the emergency department, as defined in §489.24(b),																		
	seeking assistance and whether he or she refused treatment,																		
	was refused treatment, or whether he or she was transferred,																		
	admitted and treated, stabilized and transferred, or																		
	discharged.																		
	§489.24 The provisions of this regulation apply to all																		
	hospitals that participate in Medicare and provide	2		6R93		Complaint	Complaint												
C 2406	Applicability of provisions of this section. (1) In the case of a					•	1												
	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											1							
	hospital bylaws or rules and regulations and who meets the											1							1
	requirements of §482.55 of this chapter concerning emergency											1							
	services personnel and direction; and						Complaint,												
		3		6R93		Complaint	Follow-up	Complaint						1				1	



F	Hospital Citation Repor (Tags must have been cited twice or Regulation						ı												-
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C 2406 (Cont.) (	Ü	# Fed			_														
C 2406 (Cont.) (	Ü				Purpose	Deficiency #1		Deficiency #3	_		Deficiency #5		Deficiency #7	1 -	,	Deficiency #10		, ,	1
C 2406 (Cont.) (	Ü		# State	D 6 4 TD	Regulation		Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
F	1.10	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
F	b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in																		
1	paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits																		
	he individual as an inpatient for further treatment, the																		
	*																		
	nospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of																		
1	provisions of this section. Sanctions under this section for nappropriate transfer during a national emergency or for the																		
	11 1																		
	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																		
	with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act.														1				
	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																		
1.	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.																		
				6R93															
, , ,	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																		
	s 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																		
ı	nedical condition.			6R93															
Governing Bod	у	9	0																
A 0083	The governing body must be responsible for services																		
f	urnished in the hospital whether or not they are furnished																		
	under contracts. The governing body must ensure that a																		
(	contractor of services (including one for shared services and																		
	oint ventures) furnishes services that permit the hospital to																		
1	comply with all applicable conditions of participation and																		
5	standards for the contracted services.	٦		FA27		Complaint	Recertification								1				



	Hospital Citation Repor																		
	(Tags must have been cited twice or	more d	uring the p			his roster.)													
		# Fed	# State		Special Purpose Regulation	Deficiency #1 Survey	Deficiency #2 Survey	Deficiency #3 Survey		Deficiency #4 Survey	Deficiency #5 Survey	1	Deficiency #7 Survey	1	Deficiency #9 Survey	Deficiency #10 Survey	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0271	The CAH's health care services are furnished in accordance																		
	with appropriate written policies that are consistent with						Complaint,												
	applicable State law.	3		6R93		Complaint	Follow-up	Complaint											
	§485.635(a)(2) The policies are developed with the advice of																		
	members of the CAH's professional healthcare staff, including																		
	one or more doctors of medicine or osteopathy and one or																		
	more physician assistants, nurse practitioners, or clinical nurse																		
	specialists, if they are on staff under the provisions of																		
	§485.631(a)(1). §485.635(a)(4) These policies are reviewed at																		
	least annually by the group of professional personnel required						Recertification,												
	under paragraph (a)(2) of this section, and reviewed as					Recertification,	1												
	necessary by the CAH.	2		6R92		Validation	Follow-up												
	The CAH designates the practitioners who are allowed to																		
	perform surgery for CAH patients, in accordance with its																		
	approved policies and procedures, and with State scope of																		
	practice laws. Surgery is performed only by (1) a doctor of																		
	medicine or osteopathy, including an osteopathic practitioner						Recertification.												
	recognized under section 1101(a)(7) of the Act; (2) a doctor of					Recertification,	, , , , , , , , , , , , , , , , , , , ,												
	dental surgery or dental medicine; or a doctor of podiatric					Relicensure,	Other, Follow-												
	medicine; or (3) a doctor of podiatric medicine.	2		6R93		Other	up												
Carino Dod. II	ospital and CAH	0	0	6K93		Other	ир												
Swing bed: Ho	ospitar and CATI		<u> </u>																
Infection Cont	rol	8	0			•		'	•	'	•	<u>'</u>		<u>'</u>			<u>'</u>		
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.	3		FA27		Recertification	Recertification	Recertification											
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Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_II	Purpose Regulation	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category	Deficiency #6 Survey Category	Deficiency #7 Survey Category	Deficiency #8 Survey Category	Deficiency #9 Survey Category	Survey	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #1 Survey Category
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	2	Cites	6R92	Jeis	Recertification, Validation	Recertification,		Category	Category	Category	Category	Category						
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	3		6R93		Recertification, Relicensure, Other	Recertification, Relicensure, Other	Recertification, Relicensure, Other, Follow-											
Medical Re	cord Services	10	(	)															
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																		
B 0103	medications and services.  The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services	2		FA27		Complaint	Complaint												
B 0108	in the institution.  The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.	2		FB01		Recertification  Recertification													
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					Recertification,	Recertification, Follow-up,												
C 0308	patient; The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.	2		6R92 6R93		Validation  Recertification	Validation  Recertification,	,											
Medical Sta		3	(	)															
A 0622	There must be administrative and technical personnel																		
Nursing Ser	competent in their respective duties.	3 27	(	FA27		Recertification	Recertification	Recertification											
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.	4		FA27		Complaint	Complaint	Complaint	Complaint	Complaint									



	Hospital Citation Repo																		
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Tag	Regulation	Cites	Cites	Reg_Set_II	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0395	A registered nurse must supervise and evaluate the nursing care for each patient.	2		FA27		Complaint	Complaint												
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	9		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Recertification	Complaint	Complaint	Complaint				
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.	2		6R92		Recertification, Validation	Recertification, Validation, Follow-up												
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	2		6R92		Recertification, Validation	Recertification, Validation, Follow-up												
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	2		6R93		Complaint	Complaint, Follow-up												
C 0298	A nursing care plan must be developed and kept current for each inpatient.	2		6R92		Recertification, Validation	Recertification, Validation,												
C 0298	A nursing care plan must be developed and kept current for each inpatient.	4		6R93		Recertification	Recertification,	1		Recertification, Relicensure, Other, Follow-									



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	sthesia, Emrgcy, Food & Dietetic, Nucl Medicine,	4	0																
	outpt, Rehab & Surgical			1	l					l			_	1	1				
	(1) A qualified practitioner, as specified in paragraph (a) of																		
	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						Recertification,												
	section.					Recertification,	1,												
		2		6R92		Validation	Validation												
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																		<b> </b>
	an individual on the facility staff who is designated as the															1			
	activities director and who serves in consultation with a															1			
	therapeutic recreation specialist, occupational therapist, or						Recertification,									1			
		2		6R93		Recertification	Follow-up										1	1	



	Hospital Citation Repor	rt for Jar	nuary 1, 20	019 - Decem	ber 31, 2019	)													
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C 0385 (cont.)	other professional with experience or education in recreational																		
	therapy. §483.24(c) Activities.																		
	(1) The facility must provide, based on the comprehensive																		
	assessment and care plan and the																		
	preferences of each resident, an ongoing program to support																		
	residents in their choice of																		
	activities, both facility-sponsored group and individual																		
	activities and independent activities,																		
	designed to meet the interests of and support the physical,																		
	mental, and psychosocial well-being of																		
	each resident, encouraging both independence and			6R93															
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			6R93															
C 0385 (Cont.)	2) The activities program must be directed by a qualified																		
	professional who is a qualified therapeutic recreation																		
	specialist or an activities professional who- (i) Is licensed or																		
	registered, if applicable, by the State in which practicing; and																		
	(ii) Is: (A) 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 years of experience in a social or				1										1				
	recreational program within the last 5 years, one of																		
	which was full-time in a therapeutic activities program; or																		
	(C) Is a qualified occupational therapist or occupational				1										1				
	therapy assistant; or (D) Has completed a training course																		
	approved by the State.				1										1				
	afficiency and outer			6R93															
Pharmaceutic	al Caminas	2		0 (33								<u> </u>			<u> </u>	1			



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		# Fed	# State		Regulation	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	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														1				
1	in accordance with the approved medical staff policies and														1				
	procedures.																		
		2		FA27		Complaint	Recertification												
Organ, Tissue	Eye Procurement	2				*													
<b>.</b>																			
A 0886	Incorporate an agreement with an OPO (organ procurement																		
	organization) designated under part 486 of this chapter, under																		
	which it must notify, in a timely manner, the OPO or a third																		
	party designated by the OPO of individuals whose death is																		
	imminent or who have died in the hospital. The OPO																		
	determines medical suitability for organ donation and, in the																		
	absence of alternative arrangements by the hospital, the OPO																		
	determines medical suitability for tissue and eye donation,																		
	using the definition of potential tissue and eye donor and the																		
	notification protocol developed in consultation with the tissue																		
	and eye banks identified by the hospital for this purpose;																		
	and eye banks identified by the hospital for this purpose,	2				Recertification	Recertification												
Patients' Right	rs	39	0						<u> </u>			<u> </u>	·	<u> </u>	·	<u> </u>	·	<u> </u>	<u> </u>
3																			
A 0115	A hospital must protect and promote each patient's rights.																		
		3		FA27		Complaint	Complaint	Recertification											
A 0117	A hospital must inform each patient, or when appropriate, the					*	1												
	patient's representative (as allowed under State law), of the																		
	patient's rights, in advance of furnishing or discontinuing														1				
	patient care whenever possible.	7		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint						
A 0123	At a minimum: In its resolution of the grievance, the hospital					•	_	•	,	•	,	<u> </u>							
	must provide the patient with written notice of its decision																		
	that contains the name of the hospital contact person, the steps														1				
	taken on behalf of the patient to investigate the grievance, the																		
	results of the grievance process, and the date of completion.																		
	F			E 4 0 7															
		6		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint	Complaint							



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Tag	Regulation	Cites	Cites	Reg_Set_II		Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
A 0131	The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.	5		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Recertification								
A 0144	The patient has the right to receive care in a safe setting.	8		FA27		Complaint	Complaint	Complaint	Complaint	Complaint	Recertification	Complaint	Complaint	Recertification					
A 0145	The patient has the right to be free from all forms of abuse or harassment.	3		FA27		Complaint	Complaint	Complaint	_			_							
A 0166	The use of restraint or seclusion must be (i) in accordance with a written modification to the patient's plan of care.	3		FA27		Recertification	•	Complaint											
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.																		
		2		FA27		Complaint	Complaint				1		-						
A 0178	When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1-hour after the initiation of the intervention By a Physician or other licensed independent practitioner; or - Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.	2		FA27		Complaint	Complaint												
Physical En	vironment (all K tags are counted as federal cites)	61	(	)															
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 appropriate to the needs of the community.	4		FA27		Recertification	Recertification	Recertification,	Complaint	Complaint									
A 0709	Life Safety from Fire - Interpretive Guidelines: The hospital must ensure that the life safety from fire requirements are met.	3		FA27		Recertification	Recertification	Recertification	_										
C 0202	Equipment, supplies and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. The items available must include the following:			6R93		Recertification, Relicensure, Other	Recertification Relicensure, Other	Recertification,											



	Hospital Citation Repo	rt for Ja	nuary 1, 2	019 - Decem	ber 31, 2019	)													
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					Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10	Deficiency #1	1 Deficiency #12	Deficiency #1
		# Fed	# State		Regulation	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_II	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 0220	Physical Plant and Environment. Interpretive Guidelines: This																		
	CoP applies to all locations of the CAH, all campuses, all																		
	satellites, all provider-based activities, and all inpatient and																		
	outpatient locations. The CAH's departments or services																		
	responsible for the CAH's building and equipment																		
	maintenance (both facility equipment and patient care																		
	equipment) must be incorporated into the CAH's QA program	ı						Recertification,											
	and be in compliance with the QA requirements.						Relicensure,	Relicensure,											
		3		6R93		Recertification	Other	Other											
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	1																	
	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								D	B									
	information on the availability of this material at NARA, call						B 110 11	B		Recertification,									
	202-741-6030, or go to:								Relicensure,	Relicensure,									
	http://www.archives.gov/federal_register/code_of_federal-						Relicensure,	Relicensure,	Other, Follow-	Other, Follow-									
	regulations/ibr locations.html.	4		6R93		Recertification	Other	Other	up	up									
C 0231 (con	t.) 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																		1
	not apply to a CAH.													1					1
	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													1					1
1	health and safety of patients.	1		6R93											1				



	Hospital Citation Repo	rt for Jar	nuary 1, 20	019 - Decem	ber 31, 2019	)												1	
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					Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10	Deficiency #1	1 Deficiency #12	Deficiency #13
		# Fed	# State		Regulation	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_II	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
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					Recertification,													
	reliable means available to the staff at all times.				Regs for	Relicensure,	Recertification												
	18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6				Existing	Life Safety	Life Safety												
	SPECIAL NEEDS LOCKING ARRANGEMENTS (cont.)	2		K307	Structures	Code, Other	Code												
K 0222 (cont.	) 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4DELAYED-EGRESS					,													
(33.33	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														
	sprinkler system. 18.2.2.2.4, 19.2.2.2.4			K307	Structures														
K 0281	Illumination of Means of Egress: Illumination of means of					1		1					1	1	1				
	egress, including exit discharge, is arranged in accordance				1										1				
	with 7.8 and shall be either continuously in operation or					Recertification,													
I	capable of automatic operation without manual intervention.				Regs for	Relicensure,	Recertification,												
	18.2.8, 19.2.8				Existing	Life Safety	Life Safety								1				
	10.2.0, 17.2.0	2		K307	Structures	Code, Other	Code												



	Hospital Citation Repo																		
	(Tags must have been cited twice or	r more d	luring the j	period to be	entered in	this roster.)		1					-			-			
Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_II	Purpose Regulation	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category	Deficiency #6 Survey Category	Deficiency #7 Survey Category	Deficiency #8 Survey Category	Deficiency #9 Survey Category	Survey	Deficiency #11 Survey Category	Deficiency #12 Survey Category	Deficiency #13 Survey Category
K 0311	Vertical Openings - Enclosure: 2012 EXISTING: Stairways,	Cites	Cites	Reg_Set_II	Jets	Category	Category	Cutegory	Cutegory	cutegory	Category	Category	Category	Cutegory	Cutegory	Category	Category	Cutegory	cutegory
10011	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.							Recertification,											
	19.3.1.1 through 19.3.1.6. If all vertical openings are properly				Regs for	Recertification,	Recertification,	Relicensure,	Recertification,	Recertification,									
	enclosed with construction providing at least a 2-hour fire				Existing	Life Safety													
	resistance rating also check this hov	4		K307	Structures	Code	Code	Code, Other	Code	Code									
K 0321	Hazardous Areas - Enclosure 2012 EXISTING Hazardous																		
	areas are protected by a fire barrier having 1-hour fire											1							
	resistance rating (with 3/4-hour fire rated doors) or an											1							
	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,												
	Describe the floor and zone locations of hazardous areas that				Existing	Life Safety	Life Safety	Life Safety											
	are deficient in REMARKS.	3		K307	Structures	Code	Code	Code											
K 0321 (cont	.) 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler																		
	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				Regs for														
	Rooms/Spaces (over 50 square feet) g. Laboratories (if				Existing														
	classified as Severe Hazard - see K322)			K307	Structures														
K 0323	Anesthetizing Locations: Areas designated for administration																		
	of general anesthesia (i.e., inhalation anesthetics) are in																		
	accordance with 8.7 and NFPA 99.																		
	Zone valves are: located immediately outside each life-																		
	support, critical care and anesthetizing location of moderate																		
	sedation, deep sedation, or general anesthesia for medical gas																		
	or vacuum; readily accessible in an emergency; and arranged																		
	so shutting off any one anesthetizing location will not affect																		
	others.																		
	Area alarm panels are provided to monitor all medical gas,											1	1						
	medical-surgical vacuum, and piped WAGD systems. Panels																		
	are at locations that provide for surveillance, indicate medical	1										1	1						
	gas pressure decreases of 20 percent and vacuum decreases of																		
	12 inch gauge HgV, and provide visual and audible					Recertification,													
	indication. Alarm sensors are installed either on the source				Regs for	Relicensure,	Recertification,												
	side of individual room zone valve box assemblies or on the				Existing	Life Safety	Life Safety												
	patient/use side of each of the individual zone box valve	2		K307	Structures	Code, Other	Code												



	Hospital Citation Repor																		
	(Tags must have been cited twice or	more d	uring the լ	period to be		this roster.)													
					Special Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10	Deficiency #11	Deficiency #12	Deficiency #13
		# Fed	# State		Regulation	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0323 (Cont.	The EES critical branch supplies power for task illumination,																		
	fixed equipment, select receptacles, and select power circuits,																		
	and EES equipment system supplies power to ventilation																		
	system. Heating, cooling, and ventilation are in accordance																		
	with ASHRAE 170. Medical supply and equipment																		
	manufacturer's instructions for use are considered before																		
	reducing humidity levels to those allowed by ASHRAE, per				Regs for														
	S&C 13-58. 19.3.2.3 (LSC) 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3, 5.1.9.3.4,				Existing														
	6.4.2.2.4.2 (NFPA 99)			K307	Structures														
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							Recertification.											
	supervising station transmitting equipment. Fire alarm system				Regs for	Recertification,	Recertification	, , ,											
	wiring or other transmission paths are monitored for integrity.				Existing	Life Safety	Life Safety	Life Safety											
	18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	3		K307	Structures	,	Code	Code, Other											



	Hospital Citation Repo																		
	(Tags must have been cited twice or	r more d	luring the	period to be		this roster.)													
		# Fed	# State		Special Purpose Regulation	Deficiency #1 Survey	Deficiency #2 Survey	Deficiency #3 Survey	Deficiency #4 Survey	Deficiency #4 Survey	Deficiency #5 Survey	Deficiency #6 Survey	Deficiency #7 Survey	Deficiency #8 Survey	Deficiency #9 Survey	Deficiency #10 Survey	Deficiency #1: Survey	Deficiency #12 Survey	Deficiency #13 Survey
Tag	Regulation	Cites	Cites	Reg_Set_II	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
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)				Regs for Existing	Recertification, Life Safety	Code, Follow-												
	, , , , ,	2		K307	Structures	Code	up												
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,				Regs for	Recertification, Relicensure, Life Safety	Recertification, Relicensure, Life Safety												
	9.7.8, and NFPA 25	,		K307	Existing	Code, Other	Code, Other												
K 0347	Smoke Detection: 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by	2		K307	Structures Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code, Follow-	Life Safety											
K 0351	19.3.6.1.; 19.3.4.5.2  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 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)	3		K307	Regs for Existing Structures		Recertification,												



	Hospital Citation Repor	rt for Ia	nuary 1, 20	19 - Decem	ber 31, 2010	)					T					<del></del>			
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					Purpose	Deficiency #1	Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Deficiency #10	Deficiency #11	Deficiency #12	Deficiency #13
		# Fed	# State		Regulation		Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
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						Recertification,												
					Regs for	Recertification		Recertification,											
	Provide in REMARKS information on coverage for any non-				Existing	Life Safety	Life Safety	Life Safety											
	required or partial automatic sprinkler system.	3		K307	Structures	Code	Code, Other	Code											
K 0361	Corridors - Areas Open to Corridor: Spaces (other than patient						·												
	sleeping rooms, treatment rooms and hazardous areas),					Recertification	,												
	waiting areas, nurse's stations, gift shops, and cooking				Regs for	Relicensure,	Recertification,												
	facilities, open to the corridor are in accordance with the				Existing	Life Safety	Life Safety												
	criteria under 18.3.6.1 and 19.3.6.1, 18.3.6.1, 19.3.6.1	2		K307	Structures	Code, Other	Code												
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						Recertification,												
	inch. Roller latches are prohibited by CMS regulations on				Regs for	Recertification													
	corridor doors and rooms containing flammable or				Existing	Life Safety	Life Safety												
	combustible materials.	2		K307	Structures	Code	Code, Other												
K 0363 (cont.)	Powered doors complying with 7.2.1.9 are permissible. Hold															1			
	open devices that release when the door is pushed or pulled															1			
	are permitted. Nonrated protective plates of unlimited height															1			
	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															1			
	compartment is sprinklered. Doors in fully sprinklered smoke																		
1	compartments are only required to resist the passage of															1			
	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															1			
	in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460,				n .											1			
1	482, 483, and 485 Show in REMARKS details of doors such as				Regs for											1			
1	fire protection ratings, automatics closing devices, etc.			16207	Existing											1			
				K307	Structures		1												



	Hospital Citation Repor	t for Ia	nuary 1 20	19 - Decemi	her 31 2010	9													
	(Tags must have been cited twice or																		
	(rugs must have been elect twice of	more a			Special Purpose		Deficiency #2	Deficiency #3	Deficiency #4	Deficiency #4	Deficiency #5	Deficiency #6	Deficiency #7	Deficiency #8	Deficiency #9	Dafision on #10	Deficiency #11	Dafiaian au #12	Daffaian au #12
		# Fed	# State		Regulation	Deficiency #1	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey	Survey
Tag	Regulation	Cites	Cites	Reg_Set_ID	-	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0521	HVAC: Heating, ventilation, and air conditioning shall	Cites	Cites	Keg_Set_ID	Jets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0321	comply with 9.2 and shall be installed in accordance with the						Recertification,	Recertification,											
	manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2				Regs for	Recertification,	Relicensure,	Relicensure,											
	manufacturer's specifications. 16.3.2.1, 19.3.2.1, 9.2				Existing	Life Safety	Life Safety	Life Safety											
		3		K307	Structures	Code	Code, Other	Code, Other											
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							Recertification,											
	6:00 AM, a coded announcement may be used instead of				Regs for	Recertification,		Validation, Life			2								
	audible alarms. 19.7.1.4 through 19.7.1.7				Existing	Life Safety	Safety Code,	Safety Code,	Safety Code,	Safety Code,									
	, and the second	4		K307	Structures	Code	Other	Other	Other	Other									
K 0911	Electrical Systems - Other: List in the REMARKS section any																		
	NFPA 99 Chapter 6 Electrical Systems requirements that are							Recertification,											
	not addressed by the provided K-Tags, but are deficient. This				Dogo for	Recertification,	Recertification,		Recertification,	Recertification,									
	information, along with the applicable Life Safety Code or				Regs for	Life Safety	Life Safety		Life Safety	Life Safety									
	NFPA standard citation, should be included on Form CMS-			1/207	Existing	-	-	Safety Code, Other	Code	Code									
O A DY	2567. Chapter 6 (NFPA 99)	4		K307	Structures	Code	Code	Otner	Code	Code									
QAPI		3	0																
A 0286	(a) Standard: Program Scope (1) The program must include,																		
A 0200	but not be limited to, an ongoing program that shows																		
	measurable improvement in indicators for which there is																		
	evidence that it will identify and reduce medical errors.																		
	(2) The hospital must measure, analyze, and trackadverse																		
	patient events (c) Program Activities (2) Performance																		
	improvement activities must track medical errors and adverse																		
	patient events, analyze their causes, and implement																		
	preventive actions and mechanisms that include feedback and																		
	learning throughout the hospital. (e) Executive																		
	0 0																		
	Responsibilities, The hospital's governing body (or organized																		
	group or individual who assumes full legal authority and																		
	responsibility for operations of the hospital), medical staff,																		
	and administrative officials are responsible and accountable																		
	for ensuring the following: (3) That clear expectations for safety are established.	_																	
61.1.4.46	2	3		FA27		Complaint	Complaint	Complaint											
Chief of Serv	rices	0	0																
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						1	1	†	<u> </u>		1	1	1	†		1	<del> </del>		
Psychiatric S	ervices	32	0						•			<u>'</u>	_	<u>'</u>					
B 0117	Each patient must receive a psychiatric evaluation that must																		
D 011/	include an inventory of the patient's assets in descriptive, not						Recertification,	Recertification,											
	interpretive fashion.			FB01		Recertification		Follow-up	Recertification	Poportification									
B 0119	Each patient must have an individual comprehensive	4		1.001	-	Recermication	Recertification,		Recertification	Recertification		+		+			+		<del>                                     </del>
B 0118	treatment plan.	3		FB01		Recertification		Follow-up											
	paul	- 3	I	- 201		cccrameuron	- onon up	1-onon up	1	1	1	1	1	I	1	1	I	I	



	Hospital Citation Repor	t for Jar	nuary 1, 20	19 - Decem	ber 31, 2019	)													
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		# Fed	# State		Special Purpose Regulation	Deficiency #1	Deficiency #2 Survey	Deficiency #3 Survey	-	Deficiency #4 Survey	Deficiency #5	1	1	1	1	1 -	Deficiency #11 Survey	Deficiency #12 Survey	Deficiency #13 Survey
Tag	Regulation	Cites		Reg_Set_ID	-	Category	Category	Category	Survey Category	Category	Survey Category	Survey	1 1	Survey Category	Survey Category	Category	Category	,	Category
B 0121	The written plan must include short-term and long range	Cites	Cites	Reg_Set_ID	Seis	Category	Recertification.				Recertification,	Category	Category	Category	Category	Category	Category	Category	Category
B 0121	goals.	6		FB01		Recertification	,	Recertification		· ·	Follow-up	Recertification							1
B 0122	The written plan must include the specific treatment			1201		recertification		Recertification,	· · · · · · · · · · · · · · · · · · ·	Recertification,		recertmenton							
	modalities utilized.	5		FB01		Recertification	Recertification	Follow-up	Follow-up	Follow-up	Recertification								1
B 0125	The treatment received by the patient must be documented in							1	1										
	such a way to assure that all active therapeutic efforts are																		1
	included.	2		FB01		Recertification	Recertification												<u> </u>
B 0144	The director must monitor and evaluate the quality and																		
	appropriateness of services and treatment provided by the						Recertification,		Recertification,	Recertification,	Recertification,								1
	medical staff.	6		FB01		Recertification	Follow-up	Recertification	Follow-up	Follow-up	Follow-up	Recertification							<u> </u>
B 0148	The director must demonstrate competence to participate in																		1
	interdisciplinary formulation of individual treatment plans; to																		1
	give skilled nursing care and therapy; and to direct, monitor,						Recertification,		Recertification,	Recertification,	Recertification,								1
	and evaluate the nursing care furnished.	6		FB01		Recertification	Follow-up	Recertification	Follow-up	Follow-up	Follow-up	Recertification							1
Other		2	(	0															
							Kecertification.												
C 0151	The CAH is in compliance with applicable Federal laws and					Recertification,	,												1
	regulations related to the health and safety of patients.	2		6R92		Validation	Validation												1
	Total Federal/State Cites:	262		0132		validation	validation												
	Total Federal/State Cites:	262																	
	Total Cites:	262																	
	Total Cites:	202																	