

**Office of Clinical Standards & Quality/Survey & Certification Group**

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**REF: S&C: 12-32-Hospital**

**DATE:** May 18, 2012

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey & Certification Group

**SUBJECT:** Patient Safety Initiative Pilot Phase – Revised Draft Surveyor Worksheets

**Memorandum Summary**

- ***Patient Safety Initiative:*** The Centers for Medicare & Medicaid Services (CMS) is testing three revised surveyor worksheets for assessing compliance with three hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. We are focusing on compliance with these CoPs as a means to reduce hospital-acquired conditions (HACs), including healthcare associated infections (HAIs), and preventable readmissions.
- ***Draft Worksheets Made Public:*** Via this memorandum we are making these revised draft worksheets publicly available. We emphasize there may be additional revisions based on information gathered during the pilot test phase, which will end sometime in FY 2013.

**Patient Safety Initiative Pilot Phase**

The Survey & Certification Group (SCG) Patient Safety Initiative has begun pilot testing three revised surveyor worksheets designed to help surveyors assess compliance with the hospital CoPs for QAPI, infection control, and discharge planning. In S&C-12-01, released October 14, 2011, we made available to the public copies of the original surveyor worksheets, which were used during a pre-test phase of the SCG initiative that began in September 2011. The pre-test included testing one or more of the worksheets in eleven volunteer State Survey Agencies (SAs). Based on feedback obtained from SA surveyors and, CMS Central Office (CO) and Regional Office (RO) observers, the worksheets have been revised. The underlying CoPs for QAPI, infection control, and discharge planning have not changed. These regulations are the basis for any deficiencies that may be cited, not the worksheet per se. The worksheets are simply designed to assist surveyors (and hospital staff) to better identify when and where there are issues in compliance with the CoPs.

During the pilot phase of the initiative, surveyors in all State Survey Agencies (SA) initially will be testing each of the three surveyor worksheets in separate surveys. Similar to the pre-test

phase, hospitals will be selected for survey based on risk-adjusted all-cause readmissions data and/or other factors. Hospitals with higher readmission rates, as compared to other hospitals in their State, may be at greater risk for noncompliance with the three CoPs.

As in the pre-test phase, unless an immediate jeopardy is found during a pilot phase survey, we expect that all other deficiency findings will be cited as standard-level (i.e., less serious) deficiencies. Because these surveys are being conducted as part of a test of the worksheets, surveys with only standard-level citations will not require submission of a plan of correction to the SA (although hospitals are free to do so). SAs will, however, be preparing and issuing the Form CMS 2567, Statement of Deficiencies and Plan of Correction. Not only will this facilitate our evaluation of how the observations recorded on the worksheets are translated into survey findings, but we believe the survey findings will also prove educational for the hospitals surveyed.

The pilot phase involving tests by all states of each tool in a separate survey will be completed by the end of September. We may, based on ongoing feedback we receive, make further revisions to the worksheets at the beginning of FY 2013. The pilot phase will continue through the first half of FY 2013, with SAs testing use of the three worksheets in combination on at least one survey. Thereafter it is our expectation that the Patient Safety Initiative will continue, using the same process for selection of hospitals for survey as in the pilot, but employing normal enforcement practices. .

### **Public Distribution**

The three hospital surveyor worksheets are being publicly distributed via this memo. We encourage hospitals to utilize the worksheets for self assessment of their practices related to QAPI, infection control and discharge planning. Feedback from hospitals after utilizing the worksheets is welcome. We also welcome feedback from the hospital industry at large, from patients and consumer groups, and others committed to quality and patient safety.

Please forward all questions, concerns, or comments to [PF.P.SCG@cms.hhs.gov](mailto:PF.P.SCG@cms.hhs.gov).

/s/  
Thomas E. Hamilton

Attachments: (3)

Patient Safety Initiative Pilot Hospital QAPI Worksheet 2012  
Patient Safety Initiative Pilot Hospital Infection Control Worksheet 2012  
Patient Safety Initiative Pilot Hospital Discharge Planning Worksheet 2012

cc: Survey & Certification Regional Office Management

**PRE-DECISIONAL SURVEYOR WORKSHEET**

**Assessing Hospital Compliance With the  
Condition of Participation for  
Quality Assessment & Performance Improvement (QAPI)  
Pilot Program Draft Version**

**State Agency Name** \_\_\_\_\_

Instructions: The following is a list of items, broken down into separate Parts, which must be assessed during the on-site survey in order to determine compliance with the QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI compliance assessment, but may still be appropriate. The separate Parts can be assessed in any order. Within each Part there may also be flexibility to change the order in which the various items are assessed.

The interviews should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, unit/department staff should be asked how they participate in the hospital-wide QAPI program).

***Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.***

**PART 1 – HOSPITAL CHARACTERISTICS**

1.1 Hospital Name **(please print)**

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1.2 Address, State and Zip Code  
**(please print)**

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

1.3 CMS Certification Number (CCN)

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1.4 Date of site visit:

		/			/					to			/			/				
m	m		d	d		y	y	y	y		m	m		d	d		y	y	y	y

1.5 Number of State Agency surveyors who participated in this survey:

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1.6 Approximate time spent on site performing this survey (hours):

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1.7 Does the hospital participate in Medicare via accredited "deemed" status?

- YES
- NO

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1.8a If YES, which AO(s)? (Check all that apply)

- American Osteopathic Association (AOA)/HFAP
- DNV Healthcare (DNV)
- The Joint Commission (TJC)

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1.8b If YES, according to the hospital, what was the end date of the most recent accreditation survey?

		/			/				
m	m		d	d		y	y	y	y

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1.8c What was the end date of the most recent previous standard (i.e., "full") Federal survey conducted by the State Agency?

		/			/				
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**NOTE: PART 2 - NEW HOSPITAL WORKSHEET SECTION - PURPOSELY OMITTED FROM PILOT**

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS**

**Instructions for Part #3 Questions:**

**Select 3 quality indicators (not patient safety analyses) and trace them answering the following multipart question. Focus on indicators with related QAPI activities or projects. At least one of the indicators must have been in place long enough for most questions to be applicable.**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1 Write in indicator selected.			
Indicator selection identified through:	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5
3.1.a Can the hospital provide evidence that each quality indicator selected is related to improved health outcomes? (e.g. based on QIO, guidelines from a nationally recognized organization, hospital specific evidence, peer-reviewed research, etc.)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.b Is the scope of data collection appropriate to the indicator, e.g., an indicator related to labor and delivery might be appropriate to all areas of that unit and the ED, but indicators related to hand hygiene would require data from multiple parts of the hospital.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.c Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.d Is there evidence that the data are actually collected in the manner and frequency specified for this indicator? E.g., Is there evidence of late, incomplete, or wrong data collection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.e If unit staff play a role in data collection, is collection consistent with the specifications for how the data are to be collected?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.f Are data that have been collected aggregated in accordance with the hospital methodology specified for this indicator?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.g Are the collected data analyzed?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.h If the indicator is the type that measures a rate, are rates calculated for points in time and over time, and are comparisons made to performance benchmarks when available (e.g. established by nationally recognized organizations)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.i When feasible, are aggregated data broken down into subsets that allow comparison of performance among hospital units covered by the indicator? For example, a hand hygiene indicator should allow comparison among different inpatient units.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to any of 3.1.a through 3.1.i, cite at 42 CFR 482.21(a)(1), (a)(2), (b)(1), &amp; (b)(3) (Tag A-273)</b>			

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
<p>3.1.j If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them?</p> <ul style="list-style-type: none"> <li>• Check N/A if analysis did not lead to interventions, but the hospital could demonstrate that other areas were of higher priority.</li> <li>• Check NO if analysis did not lead to interventions and the hospital could not demonstrate that other improvement activities were of higher priority.</li> </ul>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<p>3.1.k Are interventions evaluated for success?</p>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)**

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.l If interventions taken were not successful, were new interventions developed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.1.m If interventions were successful, did evaluation continue longer to assess if success was sustained?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to any of 3.1.j through 3.1.m, cite at 42 CFR 482.21(b)(2)(ii), (c)(1), & (c)(3) (Tag A-283)			

**PART 4 – APPLYING QUALITY INDICATOR INFORMATION - ACTIVITIES AND PROJECTS**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
4.1 Can the hospital provide evidence that its improvement activities focus on areas that are high risk (severity), high volume (incidence or prevalence), or problem-prone?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 4.1, cite at 42 CFR 482.21(c)(1)(i) &amp; (ii) (Tag A-283)</b>		
4.2 Can the hospital provide evidence that it conducts distinct performance improvement projects?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.3 Is the number of projects proportional to the scope and complexity of the hospital's services and operations? No fixed ratio is required, but smaller hospitals with a smaller number of distinct services would be expected to have fewer projects than a large hospital with many different services.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 4 - APPLYING QUALITY INDICATOR INFORMATION – ACTIVITIES AND PROJECTS (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>4.4 Does the scope of projects reflect the scope and complexity of the hospital’s services and operations?</p> <p>For example, if the hospital offers more complex services, such as neonatal intensive care, or open heart surgery, have there been QAPI project(s) related to any of those services?</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p><b>If no to any of 4.2 through 4.4, cite at 42 CFR 482.21(d)(1) (Tag A-297)</b></p>		
<p>4.5 Can the hospital provide evidence showing why each project was selected?</p> <p><i>(NOTE: If the project is a QIO cooperative project or an IT project, such as computer ordered physician entry for medications or an electronic medical record, no rationale is required. Check N/A in these cases)</i></p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p><b>If no to 4.5, cite at 42 CFR 482.21(d)(3) (Tag A-297)</b></p>		

**PART 5 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.1 In this multipart question evaluate if the hospital’s leadership sets expectations for patient safety? Specifically:		
5.1.a Is there evidence of widespread staff training or communication to convey expectations for patient safety to all staff? (e.g. training related to steps to take in a situation that feels unsafe, how to report medical errors (including near misses/close calls) adverse events, etc.)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.1.b Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of medical errors (including near misses/close calls), adverse events, and situations they consider unsafe?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.1.c On each unit surveyed, can staff explain what the hospital’s expectations are for their role in promoting patient safety?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**If no to 5.1.a, 5.1.b, or 5.1.c, cite at 42 CFR 482.21(e)(3) (Tag A-286)**

**PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>5.2. In this multipart question evaluate if the hospital has a systematic process to identify medical errors (including near misses/close calls) and adverse events on an ongoing basis? Specifically:</p>		
<p>5.2.a On each unit/program surveyed, can staff describe what is meant by medical errors (including near misses/close calls) and adverse events?</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>5.2.b On each unit/program surveyed, can staff explain how and/or to whom they should report medical errors (including near misses/close calls) and adverse events?</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>5.2.c Does the hospital employ methods, in addition to staff incident reporting, to identify possible medical errors (including near misses/close calls) and adverse events?</p> <p>(Examples of other methods include, but are not limited to, retrospective medical record reviews, review of claims data, unplanned readmissions, or patient complaints/grievances, interview or survey of patients, etc.)</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>

**PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.2.d Can the hospital provide evidence of medical errors (including near misses/close calls) and adverse events identified through staff reports or other methods?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to any 5.2.a through 5.2.d, cite at 42 CFR 482.21(a)(2) &amp; 482.21(c)(2) (Tag A-286)</b>		
5.3 Is there QAPI program collaboration with infection control officer(s) to identify and track avoidable healthcare-acquired infections?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.4 Is there evidence that problems identified by infection control officer(s) are addressed through QAPI program activities?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 5.3 or 5.4, cite at 42 CFR 482.42(b)(1) (Tag A-756) and possibly also at 482.21(a)(2) (Tag A-286)</b>		

**PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.5 Does the QAPI program identify and track medication administration errors, adverse drug reactions, and drug related incompatibilities?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 5.5, cite at 42 CFR 482.25(b)(6) (Tag A-508) and possibly also at 42 CFR 482.21(a)(2) (Tag A-286)</b>		
5.6 Is there a QAPI program process for staff to report blood transfusion reactions, and reviews of reported blood transfusion reactions to identify medical errors (including near misses/close calls) and/or adverse events?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 5.6, cite at 42 CFR 482.23(c)(4) (Tag A-410) and possibly also at 42 CFR 482.21(a)(2) (Tag A-286)</b>		
5.7 Did the survey team have prior knowledge of, or identify while on-site, serious preventable adverse events that the hospital failed to identify?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If yes to 5.7, cite at 42 CFR 482.21(a)(2) (Tag A-286)</b>		

**PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.8 Has the hospital conducted causal analyses of all serious preventable adverse events it has identified?  Use as your sample all serious preventable events identified by the hospital in the period 12 months prior to the survey date? (Note: for events that occurred less than 2 months prior to the survey date, the hospital may have started, but not yet completed a causal analysis.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

If no to 5.8, cite at 42 CFR 482.21(a)(2) (Tag A-286)

**PART 5: CAUSAL ANALYSIS TRACERS**

**Instructions for Questions #5.9 and 5.10: If the answer to Question #5.9 is “yes”, select three causal analyses the hospital has completed for adverse events or near misses (close calls) during the last 12 - 24 months. Analyses may be of a single event/near miss or a group of similar types of events/near misses. Answer the questions in #5.10 for each analysis selected. (For at least one causal analysis selected, there should be sufficient time after implementation of preventive measures for the hospital to have evaluated the impact of those measures.) For initial certification surveys of new hospitals, this section may not apply, depending on whether any serious preventable adverse events have occurred and been identified.**

5.9 Has the hospital conducted any causal analyses in the 12 – 24 months prior to the survey date? <span style="background-color: yellow;">If yes continue, if no, skip 5.10 and all 5.10 sub-questions</span>	<input type="radio"/> YES <input type="radio"/> NO
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Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10 Write in selected causal analysis, using a code or other means to avoid capturing identifiable information on this worksheet.			
Causal analysis selection identified through (check all that apply):	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)**

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.a Has the hospital identified potential underlying causes?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.10.b Has the hospital identified all parts of the hospital utilizing similar processes/at similar risk?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.10.c Has the hospital developed and implemented preventive actions based on the analysis in at least one area of the hospital?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)**

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.d Has the hospital evaluated the impact of the preventive actions, including tracking reoccurrences of similar events/near misses?	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.10.e If evaluation showed the intervention(s) did not meet goals, did the hospital implement a revised intervention and evaluate it?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5.10.f Has the hospital implemented preventive actions found to be effective in all parts of the hospital utilizing similar processes/at similar risk, unless there are documented reasons for not doing so?	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> YES <input type="radio"/> NO  <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to any, 5.10.a through 5.10.f, cite at 42 CFR 482.21(a)(1) &amp; (a)(2) &amp; (c)(2) (Tag A-286)</b>			

**PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.1 Is there evidence that the hospital has a formal QAPI program - including written policies and procedures, budgeted resources, and clearly identified responsible staff - approved by the governing body after input from the CEO and medical staff leadership?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.1, for pilot only, cite at 42 CFR 482.21(e)(1) &amp; (2) (Tag A-309)</b>		
6.1.a Has the hospital maintained and made available for surveyor review evidence of its QAPI program?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.1.a, for pilot only cite at 42 CFR 482.21 (Standard level tag) (Tag A-308)</b>		
6.2 In this multipart question evaluate if the hospital's QAPI program is hospital-wide. Specifically:		
6.2.a Using information on services offered from the Hospital/CAH Data Base Worksheet, can the QAPI manager provide evidence of QAPI assessment related to each service?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.2.a, for pilot only cite at 42 CFR 482.21 (Standard level tag) (Tag A-308)</b>		

**PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.2.b Using information from the hospital identifying services provided under arrangement (contract), can the QAPI manager provide evidence of QAPI assessment for each service related to clinical care provided under contract or arrangement? (Exclusively administrative contractual services, e.g., payroll preparation, are not required to be included in the QAPI program.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.2.b, cite at 42 CFR 482.12(e) and 482.21 (for pilot - Standard level tag) (Tags A-083 and A-308)</b>		
6.3 Is there evidence that the governing body, hospital CEO, Medical Staff leadership, and other senior administrative officials, e.g., Director of Nursing, each play a role in QAPI program planning and implementation?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.3, cite at 42 CFR 482.21(e)(2) (Tag A-309)</b>		
6.4 Is there evidence, e.g. in minutes, that the hospital's governing body:		
6.4.a Approves QAPI program indicators selected and frequency of data collection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.4.a, cite at 42 CFR 482.21(b)(3) (Tag A-273)</b>		

**PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.4.b Ensures the QAPI program annually determines the number of distinct QAPI projects to be conducted in the coming year?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
6.4.c Actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to either, 6.4.b or 6.4.c, cite at 42 CFR 482.21(e)(2) &amp; (e)(5) (Tag A-309)</b>		
6.4.d Holds the CEO accountable for the effectiveness of the QAPI program?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.4.d, cite at 42 CFR 482.21(e)(2) and 482.12(b) (Tags A-309 &amp; A-057)</b>		

**PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.5 Regarding resource allocation:		
6.5.a Is there evidence of the amount of resources (funding and personnel) dedicated to the hospital's QAPI program and the functions for which those resources are used?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 6.5.a, cite at 42 CFR 482.21(e)(4) (Tag A-315)</b>		
6.5.b If there are condition-level QAPI program deficiencies, is there evidence that lack of QAPI resources are a significant contributing cause of these deficiencies?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If yes to 6.5.b, cite at 42 CFR 482.21(e)(4) (Tag A-315)</b>		

# PRE-DECISIONAL SURVEYOR WORKSHEET

## Assessing Hospital Compliance with the Condition of Participation for Infection Control Pilot Program Draft Version

Name of State Agency:

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Infection Control Condition of Participation. Items are to be assessed by a combination of observation, interviews with hospital staff, patients and their family/support persons, review of medical records, and a review of any necessary infection control program documentation. **During the survey, observations or concerns may prompt the surveyor to request and review specific facility policies and procedures. Surveyors are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.**

The interviews should be performed with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

*Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on Form CMS-2567 when deficient practices are observed.*

### Section 1 Hospital Characteristics

1. Hospital name:

2. Address, State, Zip Code:

City

State

Zipcode

3. CMS Certification Number (CCN):

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4. Date of site visit:

		/			/					to			/			/				
m	m		d	d		y	y	y	y		m	m		d	d		y	y	y	y

5. Number of State Agency surveyors who participated in this survey:

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6. Approximate time spent on site performing this survey (hours):

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7. Does the hospital participate in Medicare via accredited "deemed" status?  Yes  No

a. If YES, which Accrediting Organization(s)?

- i.  American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)
- ii.  Det Norske Veritas Healthcare (DNV)
- iii.  The Joint Commission (TJC)

b. If YES, according to the hospital, what was the end date of the most recent accreditation survey:

		/							
m	m		d	d		y	y	y	y

8. What was the end date of the most recent previous State Agency Federal survey:

		/			/				
m	m		d	d		y	y	y	y

**Module 1: Infection Control/Prevention Program**

**Section 1. A. Infection control/prevention program and resources**

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes
1. A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a) (Tag A-0748)</b>			
1. A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a) (Tag A-0748)</b>			
1. A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 482.42(a) (Tag A-0748)</b>			
1. A.4 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair. An infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures is performed before a project gets underway.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a) (Tag A-0748)</b>			

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>1. A.5 The AIIR meets generally accepted specifications:</p> <ul style="list-style-type: none"> <li>at least 6 (existing facility) or 12 (new construction/renovation) air changes per hour or per state licensure rules and;</li> <li>direct exhaust of air to outside, if not possible air returned to air handling system or adjacent spaces if directed through HEPA filters and;</li> <li>when AIIR is in use for a patient on Airborne Precautions, documentation that monitoring of air pressure is done daily with visual indicators (smoke tubes, flutter strips), regardless of differential pressure sensing devices (i.e. manometers): and</li> <li>AIIR door kept closed when not required for entry and exit</li> </ul>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p><b>If no, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b></p>			

## Section 1. B. Hospital QAPI systems related to Infection Prevention and Control

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes		
<p>The hospital infection prevention program is coordinated into the hospital QAPI program as evidenced by:</p>			
<p>1. B.1 The Infection Control Officer(s) can provide evidence that problems identified in the infection control program are addressed in the hospital QAPI program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p><b>If no, cite at 42 CFR 482.42(b)(1) (Tag A-0756)</b></p>			
<p>1. B.2 Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of hospital acquired infections, adverse events, and situations they consider unsafe?</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p><b>If no, cite at 42 CFR 482.21(e)(3) (Tag A-0286)</b></p>			

1. B.3 Hospital leadership, including the CEO, Medical Staff, and the Director of Nursing Services ensures the hospital implements successful corrective action plans in affected problem area(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(b)(2) (Tag A-0756)</b>			
1. B.4 The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>			

## Section 1. C. Systems to prevent transmission of MDROs and promote antibiotic stewardship, Surveillance

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes	
1. C.1 The hospital has policies and procedures to minimize the risk of transmission of multidrug-resistant organisms (MDROs) within the hospital (between or amongst patients and health care personnel).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>			
1. C.2 The primary interview participants can provide evidence that the hospital identifies patients with MDROs and has implemented policies and procedures aimed at preventing the development and transmission of MDROs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>			
1. C.3.a Facility has a multidisciplinary process in place to review antimicrobial utilization, local susceptibility patterns, and antimicrobial agents in the formulary <i>and</i> there is evidence that the process is followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

1. C.3.b Systems are in place to prompt clinicians to use appropriate antimicrobial agents (e.g., computerized physician order entry, comments in microbiology susceptibility reports, notifications from clinical pharmacist, formulary restrictions, evidenced based guidelines and recommendations).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. C.3.c Antibiotic orders include an indication for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. C.3.d There is a mechanism in place to prompt clinicians to review antibiotic courses of therapy after 72 hours of treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. C.3.e The facility has a system in place to identify patients currently receiving intravenous antibiotics who might be eligible to receive oral antibiotic treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation for 1.C.3.a through 1.C.3.e</b>			
1. C.4 The hospital has established systems with a clinical microbiology laboratory that ensures prompt notification of IP staff or medical director/designee when a novel resistance pattern is detected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>			
1. C.5 Patients and healthcare personnel identified by laboratory culture as colonized or infected with MDROs are identified and isolated according to facility policies. (Note: The hospital is not required to perform routine surveillance of patients or healthcare personnel).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			

1. C.6 The hospital has a system for identifying those present on admission infections in order to control (prevent spread of) those infections and communicable diseases in the hospital. (This does not require the hospital to perform cultures on all patients admitted to the hospital.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			
1. C.7 The Infection Control Officer can provide evidence that an updated list of diseases reportable to the local or state public health authority is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>			
1. C.8 The Infection Control Officer can provide evidence that reportable diseases are documented and submitted as required by the local health authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			

## Section 1. D Personnel Education System / Infection Control Training

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes	
1. D.1 Healthcare personnel receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.2 The hospital infection control system trains healthcare personnel that are in contact with bloodborne pathogens on the bloodborne pathogen standards upon hire and when problems are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

1. D.3 The hospital infection control system addresses needle sticks, sharps injuries, and other employee exposure events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.4 Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.5 The hospital infection control system ensures healthcare personnel with TB test conversions are provided with appropriate follow-up.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (1.D.1-1.D.5), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			
1. D.6 The hospital infection control system ensures the facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.7 The hospital infection control system ensures that respiratory fit testing is provided at least annually to appropriate healthcare personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.8 Hospital has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies should include:  * work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status  * education of personnel on prompt reporting of illness to supervisor and occupational health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

1. D.9 Aggregated rates of TB-test conversion are periodically reviewed by the Infection Control Officer to determine the need for corrective action plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citations for 1.D.6 – D.9</b>			
1. D.10 Healthcare personnel competency and compliance with job-specific infection prevention policies and procedures are ensured through routine training and when problems are identified by the Infection Control Officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.11 If the hospital has had healthcare personnel infection exposure events, the hospital evaluates event data and develops/ implements corrective action plans to reduce the incidence of such events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to 1.D.10 or-1.D.11), cite at 42 CFR 482.42(b)(1) (Tag A-0756)</b>			
1. D.12 The hospital infection control system provides Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and conducts post-vaccination screening after the third vaccine dose is administered.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.13 The hospital infection control system ensures that all healthcare personnel (paid and unpaid) who have potential for exposure to TB are screened for TB upon hire and, if negative, based upon facility risk classification thereafter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. D.14 The hospital infection control system ensures that all healthcare personnel are offered annual influenza vaccination.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citations for 1.D.12 - 14</b>			

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

**Module 2: General Infection Control Elements - to be applied to all locations (e.g., general wards, critical care units, labor and delivery, emergency department, endoscopy suites, radiology)**

## Section 2. A Hand Hygiene

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:						
2. A.1 Soap, water, and a sink are readily accessible in patient care areas including but not limited to direct care areas (such as food and medication preparation areas).	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. A.2 Alcohol-based hand rub is readily accessible and placed in appropriate locations.	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2.A.3 Healthcare personnel perform hand hygiene: <ul style="list-style-type: none"> <li>• Before contact with the patient or their immediate care environment (even if gloves are worn)</li> <li>• Before exiting the patient’s care area after touching the patient or the patient’s immediate environment (even if gloves are worn)</li> <li>• Before performing an aseptic task (e.g., insertion of IV or urinary catheter, even if gloves are worn)</li> <li>• After contact with blood, body fluids or contaminated surfaces, (even if gloves are worn)</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>2. A.4 Healthcare personnel perform hand hygiene using soap and water when hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak)</p> <p>*Note: In all other situations, alcohol-based hand rub is preferred.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. A.5 Healthcare personnel who have direct contact with high-risk patients (e.g., those in intensive care units or ORs) do not wear artificial fingernails or extenders</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

If no to any of the above (2. A.1 through 2. A.5), cite at 42 CFR 482.42(a) (Tag A-0748)

## Section 2. B Injection Practices and Sharps Safety (Medications, Saline, Other Infusates)

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
<p>Injections are given and sharps safety is managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>						
<p>2. B.1 Injections are prepared using aseptic technique in an area that has been cleaned and free of visible blood, body fluids, or contaminated equipment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.2 Needles are used for only one patient.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.3 Syringes are used for only one patient (this includes manufactured prefilled syringes and insulin pens).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1    Observation = 2    Infection Control Document Review = 3    Medical Record Review = 4    Other Document Review = 5

<p>2. B.4 The rubber septum on a medication vial is disinfected with alcohol prior to piercing.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.5 Medication vials are entered with a new needle.  Note - Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial making the vial unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.6 Medication vials are entered with a new syringe.  Note - Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial making the vial unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.7 Single dose (single-use) medication vials are used for only one patient.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.8 Bags of IV solution are used for only one patient (and not as a source of flush solution for multiple patients).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>2. B.9 Medication administration tubing and connectors are used for only one patient.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.10 Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.  Note: This is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or the discard date as per hospital policies and procedures, so long as it is clear what the date represents and the same policy is used consistently throughout the hospital.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.11 If multi-dose vials are used for more than one patient, they do not enter the immediate patient treatment area (e.g., operating room, patient room, anesthesia carts).  Note: If multi-dose vials are found in the patient care area they must be dedicated for single patient use and discarded after use.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.12 All sharps are disposed of in a puncture-resistant sharps container.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.13 Sharps containers are replaced when the fill line is reached and disposed of in accordance with State medical waste rules.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (2.B.1 through 2.B.13), cite at 42 CFR 482.42(a)(1) (Tag A-0749) \*See notes on 2.B.5 and 2.B.6 if “no” is checked.**

Interview = 1      Observation = 2      Infection Control Document Review = 3      Medical Record Review = 4      Other Document Review = 5

## Section 2. C Personal Protective Equipment/Standard Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Personal protective equipment is utilized in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
2. C.1 Supplies for adherence to Standard and Transmission-based Precautions (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.2 HCP wear gloves for procedures/activities where contact with blood, body fluids, mucous membranes, or non-intact skin is anticipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.3 HCP change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.4 Gowns are worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions are anticipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.5 Gowns and gloves are removed and hand hygiene is performed immediately before leaving the patient's environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

2. C.6 Appropriate mouth, nose, eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood or body fluids.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. C.7 Surgical masks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>If no to any of the above (2.C.1 through 2.C.7), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>				

## Section 2. D Environmental Services

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes		
Environmental services are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
2. D.1 HCP wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.2 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.3 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

2. D.5 Clean, (laundered if not disposable), cloths are used for each room or corridor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.6 Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.7 The facility decontaminates spills of blood or other body fluids according to its policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.8 Facility has established and follows a cleaning schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks, aerators on faucets).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (2.D.1 through 2.D.8), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			
Laundry is processed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
2. D.9 HCP handle soiled textiles/linens in a manner that ensures segregation of dirty from clean textiles/linens and ensure that there is not cross contamination of clean textiles/linens prior to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.10 Soiled textiles/linens are bagged at the point of collection and kept in a covered leak-proof container or bag at all times until they reach the laundry facility. Note: Covers are not needed on contaminated textile hampers in patient care areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.11 There is clear separation of soiled laundry space from clean laundry areas and soiled laundry is maintained under negative pressure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (2.D.9 through 2.D.11), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			

Reprocessing of non-critical items is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
2. D.12 Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly), and there is clear delineation of responsibility for this among healthcare personnel. Note: For patients on Contact Precautions, if dedicated, disposable devices are not available, noncritical patient-care devices are disinfected after use on each patient.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		
	<input type="checkbox"/> No	<input type="checkbox"/> 2		
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
		<input type="checkbox"/> 5		
2. D.13 Manufacturers' instructions for cleaning noncritical medical equipment are followed.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		
	<input type="checkbox"/> No	<input type="checkbox"/> 2		
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
		<input type="checkbox"/> 5		
<b>If no to any of the above (2.D.12 through 2.D.13), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>				
2. D.14 Hydrotherapy equipment (e.g., Hubbard tanks, tubs, whirlpools, spas, birthing tanks) are drained, cleaned, and disinfected using an EPA-registered disinfectant according to manufacturer's instructions after each patient use.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		
	<input type="checkbox"/> No	<input type="checkbox"/> 2		
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
		<input type="checkbox"/> 5		
<b>If no cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>				

### Module 3: Equipment Reprocessing

## Section 3.A. Reprocessing of Semi-Critical Equipment

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
High-Level Disinfection of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.						
3. A.1 All reusable semi-critical items receive at least high-level disinfection.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
		<input type="checkbox"/> 5			<input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>3. A.2 High-level disinfection is performed on-site. Continue if “yes.” If “no,” skip to 3.A.14.</p> <p>If the response is No, no citation is made in response to this question.</p>	<input type="radio"/> Yes  <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p>3. A.3 Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle.</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p>3. A.4 Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection.</p> <p>Note: for lumened instruments (e.g., endoscopes), pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p>3. A.5 Enzymatic cleaner or detergent is used and discarded according to manufacturer’s instructions (typically after each use).</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p>3. A.6 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer’s instructions) after each use.</p>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
<p>3. A.7 For chemicals used in high-level disinfection, manufacturer’s instructions are followed for:</p> <ul style="list-style-type: none"> <li>• preparation</li> <li>• testing for appropriate concentration</li> <li>• replacement (e.g., prior to expiration or loss of efficacy).</li> </ul>	<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

3. A.8 If automated reprocessing equipment is used, proper connectors are used to assure that channels and lumens are appropriately disinfected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.9 Devices are disinfected for the appropriate length of time as specified by manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.10 Devices are disinfected at the appropriate temperature as specified by manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.11 After high-level disinfection, devices are rinsed with sterile water, filtered water, or tap water followed by a rinse with 70% - 90% ethyl or isopropyl alcohol.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.12 Devices are dried thoroughly prior to reuse. Note: for lumened instruments (e.g., endoscopes) this includes flushing channels with alcohol and forcing air through the channels.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.13 Routine maintenance procedures for high-level disinfection equipment conform to manufacturer's instruction; confirm maintenance records are available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.14 After high-level disinfection, devices are stored in a manner to protect from damage or contamination (Note: endoscopes must be hung in a vertical position).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. A.15 The facility has a system in place to identify which instrument (e.g., endoscope) was used on a patient via a log for each procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (3.A.1 and/or 3.A.3 through 3.A.15), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

## Section 3. B Reprocessing of Critical Equipment Sterilization of Reusable Instruments and Devices

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes		
<p>Sterilization of reusable instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.</p>			
<p>3. B.1 Items are thoroughly pre-cleaned according to manufacturer's instructions and visually inspected for residual soil prior to sterilization.</p> <p>Note: for lumened instruments, pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.2 All reusable critical instruments and devices are sterilized on site.</p> <p>If no, no citation is issued and skip to 3.B.12.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.3 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.4 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after each use.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.5 After pre-cleaning, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

3. B.6 A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.7 A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.8 For dynamic air removal-type sterilizers, a Bowie-Dick test is performed each day the sterilizer is used to verify efficacy of air removal.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.9 Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.10 Logs for each sterilizer cycle are current and include results from each load.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.11 Routine maintenance for sterilization equipment is performed according to manufacturer's instructions (confirm maintenance records are available).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
3. B.12 After sterilization, medical devices and instruments are stored so that sterility is not compromised.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>3. B.13 Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3.B.14 If immediate-use steam sterilization is performed, the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The item being sterilized is thoroughly cleaned prior to placing it in the sterilizer container (that is FDA cleared for use with the cycle) or tray</li> <li>• The sterilizer cycle being used is one that is approved by both the instrument and sterilizer manufacturer</li> <li>• The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used</li> <li>• The facility maintains a sufficient volume of instruments to meet the surgical volume and permit time to complete all steps of reprocessing</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.15 Instruments that are subject to immediate use sterilization procedures are used immediately and handled in a manner to prevent contamination during transport from the sterilizer to the patient.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.16 HCP respond (i.e., recall of device and risk assessment) according to facility policies and procedures in the event of a reprocessing error/failure that could result in the transmission of infectious disease.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (3.B.1 and/or 3.B.3 through 3.B.16), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

## Section 3. C Single-Use Devices (SUDs)

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Single use devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
3. C.1 Single use devices are discarded after use and not used for more than one patient.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
<b>If no, do not cite and go to 3.C.2</b>						
3. C.2 If the hospital elects to reuse single-use devices, these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The hospital must have documentation from the third party reprocessor confirming this is the case.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(a) (Tag A-0748)</b>						

### Module 4: Patient Tracers

4. The hospital develops and implements infection control policies and procedures related to the following sections to ensure an environment minimizing risk for spread of infection and maximizing prevention of infection and communicable disease.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
<b>Do not cite unless the lack of an individual protocol is one of a number of protocol failures that indicate the absence of an active program to control infections and communicable disease. If so, cite at 42 CFR 482.42(a) (Tag A-0748)</b>			

# Section 4. A Urinary Catheter Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>Insertion:</b>						
4. A.1 The hospital has guidelines for appropriate indications for urinary catheters.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation</b>						
4. A.2 Hand hygiene performed before and after insertion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.3 Catheter placed using aseptic technique and sterile equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.4 Catheter secured properly after insertion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to 4.A.2 through 4.A.4, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>						
4. A.5 Catheter insertion and indication documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.24(c)(2)(vi) (Tag A-0467)</b>						

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

Accessing/Maintenance:						
4. A.6 Hand hygiene performed before and after manipulating catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.7 Catheter and collecting tubing are not disconnected (irrigation avoided).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.8 Urine bag emptied using aseptic technique.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.9 Urine samples obtained aseptically (via needleless port for small volume).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.10 Urine bag kept below level of bladder at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.11 Catheter tubing unobstructed and free of kinking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of 4.A.6 through 4.A.11, cite at 42 CFR 482.42(a)(1) (Tag A-0749).</b>						
4. A.12 Need for urinary catheters reviewed daily with prompt removal of unnecessary urinary catheters.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation for 4.A.12</b>						

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

## Section 4. B Central Venous Catheter Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Central venous catheters are inserted, accessed and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>Insertion:</b>						
4. B.1 Hand Hygiene performed before and after insertion.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.2 Maximal barrier precautions used for insertion (includes use of cap, mask, sterile gown, sterile gloves, and a sterile full body drape).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.3 >0.5% chlorhexidine with alcohol used for skin antisepsis prior to insertion (If contraindicated, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.4 Sterile gauze or sterile, transparent, semi permeable dressing used to cover catheter site (may not apply for well-healed tunneled catheters).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.B.1 through 4.B.4), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>						
4. B.5 Central line insertion and indication documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to 4.B.5, cite at 42 CFR 482.24(c)(2)(vi) (Tag A-0467)</b>						

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

Accessing/Maintenance:						
4. B.6 Hand hygiene performed before and after manipulating catheter (even if gloves worn).	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. B.7 Dressings that are wet, soiled, or dislodged are changed promptly.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. B.8 Dressing changed with aseptic technique using clean or sterile gloves.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. B.9 Access port is scrubbed with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) prior to accessing.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. B.10 Catheter accessed only with sterile devices.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
<b>If no to any of 4.B.6 through 4.B.10, cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>						
4. B.11 Need for central venous catheters reviewed daily with prompt removal of unnecessary lines.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3		<input type="checkbox"/> N/A	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 5			<input type="checkbox"/> 5	
<b>No citation for 4.B.11</b>						

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

# Section 4. C Ventilator/Respiratory Therapy Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Respiratory procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>General respiratory therapy practices (apply to patients with and without ventilators):</b>						
4. C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.3 Only sterile water is used for nebulization.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.4 Single-dose vials for aerosolized medications are not used for more than one patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.5 If multi-dose vials for aerosolized medications are used, manufacturer's instructions for handling, storing, and dispensing the medications are followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

4. C.6 If multi-dose vials for aerosolized medications are used for more than one patient, they are restricted to a centralized medication area and do not enter the immediate patient treatment area.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.7 Nebulizers (e.g., mask/mouthpiece, cup) are rinsed with sterile water (or with tap water followed by isopropyl alcohol) and dried thoroughly between uses on the same patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.C.1 through 4.C.7), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>						
4. C.8 Hospital has a comprehensive oral-hygiene program (that might include the use of an antiseptic agent) for patients who are at high risk for health-care associated pneumonia.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.9 In the absence of medical contraindication(s), head of bed is elevated at an angle of 30-45 degrees for patients at high risk for aspiration (e.g., a person receiving mechanically assisted ventilation and/or who has an enteral tube in place).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation for 4.C.8-9</b>						
<b>Ventilators:</b>						
Ventilators are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. C.10 Ventilator circuit is changed if visibly soiled or mechanically malfunctioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

4. C.11 Sterile water is used to fill bubbling humidifiers (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.12 Condensate that collects in the tubing of a mechanical ventilator is periodically drained and discarded, taking precautions not to allow condensate to drain toward the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.13 If single-use open-system suction catheter is employed, a sterile, single-use catheter is used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.14 If multi-use closed-system suction catheter is employed, only sterile fluid is used to remove secretions upon reentry into the respiratory tract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.C.10 through 4.C.14), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

4. C.15 Sedation is lightened daily in eligible patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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4. C.16 Spontaneous breathing trials are performed daily in eligible patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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**No citation for 4.C.15-16**

## Section 4. D Spinal Injection Procedures

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Spinal injection procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. D.1 Hand hygiene performed before and after the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. D.2 The spinal injection procedure is performed using aseptic technique and sterile equipment, including use of sterile gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. D.3 Surgical masks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
If no to any of the above (4.D.1 through 4.D.3), cite at 42 CFR 482.42(a)(1) (Tag A-0749)						

## Section 4. E Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. E.1 Hand hygiene is performed before and after the procedure.	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.2 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood and are removed after the procedure (followed by hand hygiene).	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.3 Finger stick devices are not used for more than one patient. Note: This includes both the lancet and the lancet holding device.	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.4 If used for more than one patient, the point-of-care device is cleaned and disinfected after every use according to manufacturer's instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.5 Insulin pens are used for only one patient	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.E.1 through 4.E.5), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

# Section 4. F Isolation: Contact Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Patients requiring contact isolation are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. F.1 Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. F.2 Signs indicating patient is on Contact Precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. F.3 Patients on contact precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. F.4 Hand hygiene is performed before entering patient care environment.  Note: Soap and water must be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak. In all other situations, ABHR is preferred.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. F.5 Gloves and gowns are donned before entering patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>4. F.6 Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient care environment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. F.7 Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used or if not available, then equipment is cleaned and disinfected prior to use on another patient according to manufacturer's instructions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. F.8 Facility limits movement of patients on Contact Precautions outside of their room to medically necessary purposes.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. F.9 If a patient on Contact Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. F.10 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly soiled and at least daily with an EPA-registered disinfectant.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. F.11 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

4. F.12 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> No	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4		<input type="checkbox"/> No	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	

If no to any of the above (4.F.1 through 4.F.12), cite at 42 CFR 482.42(a)(1) (Tag A-0749)

## Section 4. G Isolation: Droplet Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Patients requiring Droplet Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. G.1 Surgical masks are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> No	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4		<input type="checkbox"/> No	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
4. G.2 Signs indicating patient is on Droplet Precautions are clear and visible.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> No	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4		<input type="checkbox"/> No	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
4. G.3 Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> No	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4		<input type="checkbox"/> No	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	
4. G.4 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
	<input type="checkbox"/> N/A	<input type="checkbox"/> 3		<input type="checkbox"/> No	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4		<input type="checkbox"/> No	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5		<input type="checkbox"/> N/A	<input type="checkbox"/> 5	

Interview = 1    Observation = 2    Infection Control Document Review = 3    Medical Record Review = 4    Other Document Review = 5

4. G.5 HCP don surgical masks before entering the patient care environment or private room.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.6 Mask is removed and discarded, and hand hygiene is performed upon leaving the patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.7 Facility limits movement of patients on Droplet Precautions outside of their room to medically necessary purposes (note: policy should address that patient wear surgical mask when transported).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.8 If a patient on Droplet Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note that patient should wear surgical mask when transported).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.9 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly soiled and at least once a day with an EPA-registered disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.10 During terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.11 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.G.1 through 4.G.11), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

# Section 4. H Isolation: Airborne Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Patients requiring Airborne Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. H.1 NIOSH-approved particulate respirators (N-95 or higher) are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.2 Signs indicating patient is on Airborne Precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.3 Patients on Airborne Precautions are housed in airborne infection isolation rooms (AIIR).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.4 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.5 HCP wear a NIOSH-approved particulate respirator (N95 or higher) upon entry into the AIIR for patients with confirmed or suspected TB. Facility policies are followed for other pathogens requiring AIIR.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

4. H.6 Facility limits movement of patients on Airborne Precautions outside of their room to medically-necessary purposes (note: policy should address that patient wear surgical mask).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.7 If a patient on Airborne Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note: policy should address that patient wear surgical mask when transported).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.H.1 through 4.H.7), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

## Section 4. I Surgical Procedure Tracer

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes	
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. I.1 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub or an FDA-approved alcohol-based antiseptic surgical hand rub.  Note: If hands are visibly soiled, they should be prewashed with soap and water before using an alcohol-based surgical scrub.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.2 After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

<p>4. I.3 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel in semi restricted and restricted areas.</p> <p>Note: Restricted area includes ORs, procedure rooms, and the clean core area. The semi restricted area includes the peripheral support areas of the surgical suite.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.4 Surgical masks are worn (and properly tied, fully covering mouth and nose) by all personnel in restricted areas where open sterile supplies or scrubbed persons are located.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.5 Sterile drapes are used to establish sterile field.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.6 Sterile field is maintained and monitored constantly. Ensure that:</p> <ul style="list-style-type: none"> <li>• Items used within sterile field are sterile.</li> <li>• Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility.</li> <li>• Sterile field is prepared in the location where it will be used and as close as possible to time of use.</li> <li>• Movement in or around sterile field is done in a manner to maintain sterility.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.7 Traffic in and out of OR is kept to minimum and limited to essential staff.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.8 Surgical masks are removed when leaving the sterile areas and are not reused when returning.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.I.1 through 4.I.8), cite at 42 CFR 482.42(a)(1) (Tag A-0749)**

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
4. I.10 Cleaners and EPA-registered hospital disinfectants are used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.11 Cleaners and EPA-registered disinfectants, when in use, are labeled, diluted according to manufacturer's instructions, and are dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.12 All horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.13 High touch environmental surfaces are cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.14 Anesthesia equipment is cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.15 Reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.16 ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping floor with an EPA-registered disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

4.I.17 All surfaces, including but not limited to floor, walls, and ceilings have cleanable surfaces, are visibly clean, and there is evidence that all surfaces are cleaned regularly in accordance with hospital policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.18 Internal components of anesthesia machine breathing circuit are cleaned regularly according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.19 Ventilation requirements meet the following : <ul style="list-style-type: none"> <li>• Positive pressure, 15 air exchanges per hour (at least 3 of which are fresh air)</li> <li>• 90% filtration (HEPA is optional), air filters checked regularly and replaced according to hospital policies and procedures</li> <li>• Temperature and relative humidity levels are maintained at required levels</li> <li>• Doors are self-closing</li> <li>• Air vents and grill work are clean and dry.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.I.10 through 4.I.19), cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>			

## Module 5: Special Care Environments

<b>Section 5. A Protective Environment (e.g. Bone Marrow patients)</b>						
Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes	
For patients requiring a Protective Environment - the hospital ensures:						
5. A.1 Positive pressure [air flows out to the corridor].	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

5. A.2 Twelve (12) air changes per hour.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
5. A.3 Supply air is HEPA filtered.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
5. A.4 Well sealed rooms so that there are no penetration spaces in walls, ceilings, or windows.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
5. A.5 Self closing door that fully closes on all room exits.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
5. A.6 Documents and demonstrates that failures are addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (5.A.1 through 5.A.6) cite at 42 CFR 482.42(a)(1) (Tag A-0749)</b>						
5. A.7 For patients requiring a Protective Environment, the hospital ensures that ventilation specifications are monitored using visual methods (e.g. flutter strips, smoke tubes) and observations documented daily.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, cite at 42 CFR 482.42(b)(2) (Tag A-0756)</b>						

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

**PRE-DECISIONAL SURVEYOR WORKSHEET**

**Assessing Hospital Compliance with the  
Condition of Participation for Discharge Planning  
Pilot Program Draft Version**

Name of State Agency: \_\_\_\_\_

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Discharge Planning Condition of Participation. Items are to be assessed by a combination of observation, review of the hospital's discharge planning program documentation, interviews with hospital staff, patients and their family/support persons, and review of medical records.

The interviews should be performed with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

***Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on Form CMS-2567 when deficient practices are observed.***

**Section 1 Hospital Characteristics**

1. Hospital name: \_\_\_\_\_

2. Address, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_

3. CMS Certification Number (CCN):

--	--	--	--	--	--	--

4. Date of site visit:

		/			/					to			/			/				
--	--	---	--	--	---	--	--	--	--	----	--	--	---	--	--	---	--	--	--	--

5. Number of State Agency surveyors who participated in this survey:

--	--

6. Approximate time spent on site performing this survey (hours):

--	--

7. Does the hospital participate in Medicare via accredited "deemed" status?

a. If YES, which Accrediting Organization(s)?

i.  American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)

ii.  Det Norske Veritas Healthcare (DNV)

iii.  The Joint Commission (TJC)

b. If YES, according to the hospital, what was the end date of the most recent accreditation survey:

		/			/				
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8. What was the end date of the most recent previous State Agency Federal survey:

		/			/				
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## Section 2 Discharge Planning – Policies and Procedures

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes
2.1 Are discharge planning policies and procedures in effect for all inpatients? Specifically:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no for either 2.1a or 2.1b cite the applicable standard for identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0817)</b>		
2.2 Does the discharge planning process apply to certain categories of outpatients?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If yes, check all that apply: <input type="radio"/> Same day surgery patients <input type="radio"/> Observation patients who are not subsequently admitted <input type="radio"/> ED patients who are not subsequently admitted <input type="radio"/> Other		
2.3 Is a discharge plan prepared for each inpatient?	<input type="radio"/> Yes, skip to question 2.8 <input type="radio"/> No, go to question 2.4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: No citation is made related to questions 2.2 and 2.3**

Elements to be assessed	Manner of Assessment Code (list all that apply) & Surveyor Notes	
2.4 For patients not initially identified as in need of a discharge plan, is there a process for updating this determination based on changes in the patient's condition or circumstances? Specifically,		
2.4a Does the discharge planning policy address changes in patient condition that would call for the development of a discharge plan in patients not previously identified as in need of one?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.4b Are inpatient unit staff aware of how, when, and whom to notify of such changes in patient condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to either 2.4a or 2.4b, cite 42 CFR 482.43(a) (Tag A-0800)</b>		
2.5 Is there a process for patients, or their representatives, and physicians to request a discharge planning evaluation? Specifically,		
2.5a Does the hospital have a standard process for notifying patients (or their representative if applicable) and physicians that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.5b Can both discharge planning and unit nursing staff personnel describe the process for a patient or the patient's representative to request a discharge planning evaluation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.5c Interview patients (or their representatives if applicable). If they say they were not aware they could request a discharge planning evaluation, can the hospital provide evidence the patient or representative received notice they could request an evaluation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes
2.5d Interview attending physicians. If they are not aware they can request a discharge planning evaluation, can the hospital provide evidence of how it informs the medical staff about this?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to any part of question 2.5, cite 42 CFR 482.43(b)(1) (Tag A-0806)</b>		
2.6 Interview attending physicians. If they are not aware they can request a discharge plan regardless of the outcome of the completed evaluation, can the hospital provide evidence of how it informs the medical staff about this?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to 2.6, cite 42 CFR 482.43(c)(2) (Tag A-0819)</b>		
2.7 Can discharge planning personnel describe a process for physicians to order a discharge plan to be completed on a patient, regardless of the outcome of the patient's evaluation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to 2.7, cite 42 CFR 482.43(c)(2) (Tag A-0819)</b>		
2.8 Does the hospital discharge planning policy include a process for ongoing reassessment of the discharge plan based on changes in patient condition, changes in available support, and/or changes in post-hospital care requirements?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to 2.8, cite 42 CFR 482.43(c)(4) (Tag A-0821)</b>		

### Section 3 Discharge Planning – Reassessment and QAPI

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes
3.1 Does the hospital review the discharge planning process in an ongoing manner?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.2 Does the hospital track its readmissions as part of its review of the discharge planning process?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.2a Does the assessment of readmissions include an evaluation of whether the readmissions were potentially preventable?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.3 If the hospital identified preventable readmissions where problems in the discharge planning process were identified as a possible cause, did it make changes to its discharge planning process to address the problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to any one of 3.1 through 3.3, cite 42 CFR 482.43(e) (Tag A-0843). Consider citing QAPI 42 CFR 482.21(c) (Tag A-0283)</b>		
3.4 Does the hospital have a process for collecting and considering feedback from post-acute providers in the community about the effectiveness of the hospital's discharge planning process?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

No citation is made related to this question

## Section 4 Discharge Planning Tracers

In this section, survey 1-2 current inpatients and review the closed medical records of 2-3 discharged patients. When possible, include one inpatient who was readmitted within 30 days of a previous admission. For closed records, be sure to select a record that includes a discharge planning evaluation and a discharge plan, and do not choose N/A instead of a Yes or No response. Note key at bottom of page for Manner of Assessment code.

DCP = Discharge Planning

	Patient/Record #1 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #2 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #3 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #4 <input type="radio"/> Open <input type="radio"/> Closed
4.1 When was the screening done to identify whether the inpatient needed a discharge planning evaluation?	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>
a. Before or at time of admission	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
b. After admission but at least 48 hours prior to discharge	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
c. N/A – all admitted patients receive a discharge plan	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
d. None of the above	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<b>NOTE: If response 4.1d is selected, cite 42 CFR 482.43(a) (Tag A-0800)</b>				
4.2 Can hospital staff demonstrate that the hospital's criteria and screening process for a discharge planning evaluation were correctly applied?	<input type="radio"/> Yes <input type="radio"/> No			
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<b>NOTE: If no to 4.2, cite 42 CFR 482.43(a) (Tag A-0800)</b>				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.3 If the patient did not meet the hospital's criteria for an evaluation, were the patient (or patient's representative if applicable) and the patient's physician made aware they could still request a discharge planning evaluation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.3, cite 42 CFR 482.43(b)(1) (Tag A-0806)**

4.4 Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, Social Worker, or other qualified personnel, as defined in the hospital discharge planning policies and procedures, or someone they supervise?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.4, cite 42 CFR 482.43(b)(2) (Tag A-0807 - evaluation) and/or 42 CFR 482.43 (c)(1) (Tag A-0818 - plan), as applicable**

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.5 Are the results of the discharge planning evaluation documented in the medical record?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.5, cite 42 CFR 482.43(b)(6) (Tag A-0812)**

4.6 Did the evaluation include an assessment of the patient's post-discharge care needs being met in the environment from which he/she entered the hospital?	<input type="radio"/> Yes <input type="radio"/> No			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
<b>For patients admitted from home</b>				
4.7 Did the evaluation include an assessment of the patient's ability to perform activities of daily living (e.g. personal hygiene and grooming, dressing and undressing, feeding, voluntary control over bowel and bladder, ambulation, etc.)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.8 Did the evaluation include an assessment of the patient's or family/support person's ability to provide self-care/care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.9 Did the evaluation include an assessment of whether the patient will require specialized medical equipment or home and physical environment modifications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.9a If yes, did the evaluation include an assessment of whether the equipment is available or if the modifications can be made to safely discharge the patient to that setting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.10 If the patient or family/support person is unable to meet care needs or there are additional care needs above their capabilities, did the evaluation include an assessment of available community-based services to meet post-hospital needs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If any no answer to questions 4.6 – 4.10, cite 42 CFR 482.43(b)(4) (Tag A-0806)**

4.11 If applicable, did the hospital provide the patient with lists of Medicare-participating HHAs or SNFs that provide post-hospital services that could meet the patient’s medical needs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.11a Were the lists geographically appropriate for the patient?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to 4.11 or 4.11a, cite 42 CFR 482.43(c)(6) (Tag A-0823)</b>				
<b>For patients admitted from a nursing home/skilled nursing facility/assisted living</b>				
4.12 Did the evaluation assess whether the prior facility has the capability to provide necessary post-hospital services to the patient (i.e. is the same, higher, or lower level of care required and can those needs be met in that facility?)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
<b>For all patients</b>				
4.13 Did the evaluation include an assessment of the patient's insurance coverage (if applicable) and how that coverage might or might not provide for necessary services post-hospitalization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 4.12 or 4.13 cite 42 CFR 482.43(b)(4) (Tag A-0806)</b>				
4.14 Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>NOTE: If no to 4.14, cite 42 CFR 482.43(b)(5) (Tag A-0810)</b>				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.15 Was the patient (or the patient's representative, if applicable) involved in a discussion of the evaluation results?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.15, cite 42 CFR 482.43(b)(6) (Tag A-0811). Consider citing 42 CFR 482.13(b)(1) Patients Rights (Tag A-0130)**

4.16 Did the discharge plan match the identified needs as determined by the evaluation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.16, cite 42 CFR 482.43(c)(1) (Tag A-0817)**

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.17 If any significant changes in the patient's condition were noted in the medical record that changed post-discharge needs, was the discharge plan updated accordingly?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.17, cite 42 CFR 482.43(c)(4) (Tag A-0821)**

4.18 For patients discharged to home, did the hospital arrange for the initial implementation of the discharge plan? Specifically, look for evidence of the following, if applicable, based on the discharge plan:				
4.18a Providing in-hospital training to patient and family/support persons, using recognized methods. (Examples include teach-back or repeat-back, simulation laboratories, etc. but these specific methods are not required.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18b Written discharge instructions that are legible and use non-technical language.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.18c A list of all medications the patient should be taking after discharge, with clear indication of changes from the patient's pre-admission medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18d Evidence of education of patients and support persons on admission vs. discharge medications, highlighting changes.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.18e Referrals to established/new primary care physician or health center.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18f Referrals, if applicable, to specialized ambulatory services, e.g. PT, OT, HHA, hospice, mental health, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.18g Referrals, if applicable, to community-based resources other than health services, e.g. Depts. of Aging, elder services, transportation services, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18h Arranging essential durable medical equipment, e.g. oxygen, wheel chair, hospital bed, commode, etc., if applicable.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.18i Sending necessary medical information to providers the patient was referred to prior to the first post-discharge appointment or within 7 days of discharge, whichever comes first.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If implementation of the discharge plan was not initiated, cite 42 CFR 482.43(c)(3) (Tag A-0820)**

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.19 For patients transferred to another inpatient facility, was necessary medical information ready at time of transfer and sent to the receiving facility with the patient?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If no to 4.19, cite 42 CFR 482.43(d) (Tag A-0837)**

4.20 Were there portions of the plan the hospital failed to begin implementing, resulting in delays in discharge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: If yes to 4.20, cite 42 CFR 482.43(c)(3) (Tag A-0820)**

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
<b>4.21 For information only, were any of the following services initiated while the patient was hospitalized:</b>				
a. Scheduling follow-up appointments	a. <input type="radio"/>	a. <input type="radio"/>	a. <input type="radio"/>	a. <input type="radio"/>
b. Filling prescriptions	b. <input type="radio"/>	b. <input type="radio"/>	b. <input type="radio"/>	b. <input type="radio"/>
c. Pharmacist meeting with patient and/or family/support persons to review medication regimen	c. <input type="radio"/>	c. <input type="radio"/>	c. <input type="radio"/>	c. <input type="radio"/>
d. Pharmacist reviewing discharge medication orders prior to hospital departure	d. <input type="radio"/>	d. <input type="radio"/>	d. <input type="radio"/>	d. <input type="radio"/>
	e. <input type="radio"/>	e. <input type="radio"/>	e. <input type="radio"/>	e. <input type="radio"/>
	f. <input type="radio"/>	f. <input type="radio"/>	f. <input type="radio"/>	f. <input type="radio"/>
	g. <input type="radio"/>	g. <input type="radio"/>	g. <input type="radio"/>	g. <input type="radio"/>
e. Home setting visitation by hospital staff	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
f. Transportation arranged for follow-up appointments	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
g. Discharge planning checklists, e.g. CMS, AHRQ, CAPS checklists	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<b>NOTE: Do not cite; these are not required under the regulations</b>				
4.22 Is there documentation in the medical record of providing the results of tests, pending at time of discharge, to the patient and/or post-hospital provider of care, if applicable?	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
	<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/> N/A
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<b>NOTE: If no to 4.22, cite 42 CFR 482.43(d) (Tag A-0837)</b>				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.23 Is there any evidence the patient has been readmitted to this hospital within 30 days of a prior related admission?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

**NOTE: Do not cite**