

AAAAASF RA/OPT

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RA/OPT ACCREDITATION

An Outpatient Physical Therapy Program Deemed By Medicare

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.



Rehabilitation Agency / Outpatient Physical Therapy

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American Association for Accreditation of Ambulatory Surgery Facilities, Inc.



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RA/OPT Accreditation

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The Accreditation Program

The Rehabilitation Agency (RA)/An Outpatient Physical Therapy (OPT) Program was developed by the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). The program is available for participation nationwide. The AAAASF RA/OPT Medicare Accreditation Program certifies that an accredited organization meets nationally recognized standards and is conducted by qualified subject matter experts experienced in the field, who determine the standards under the direction of the Board of Directors of AAAASF. The AAAASF RA/OPT Medicare Accreditation Program strives for the highest standards of excellence for its organizations by regularly revising and updating its requirements for patient safety and quality of care. AAAASF requires 100% compliance of AAAASF RA/OPT Medicare approved standards.

This program includes the following types of facilities referred to generically and collectively as “organizations”:

- Clinic. A facility that is established primarily to furnish outpatient physician services and that meets the following tests of physician involvement
 - The medical services are furnished by a group of three or more physicians practicing medicine together.
 - A physician is present during all hours of operation of the clinic to furnish medical services, as distinguished from purely administrative services.
- Public Health Agency. An official agency established by a State or local government, the primary function of which is to maintain the health of the population served by performing environmental health services, preventative medical services, and in certain cases, therapeutic services
- Rehabilitation Agency. An agency that provides an integrated multidisciplinary rehabilitation program designed to upgrade the physical functioning of handicapped disabled individuals by bringing specialized rehabilitation staff together to perform as a team; and provides at least the following services: physical therapy or speech-language pathology services.



Basic Mandates

- Changes in clinic ownership must be reported to the AAAASF Office within thirty (30) days
- All qualified personnel practicing in an accredited organization must meet one of the following criteria:
 - Physical Therapist
 - Physical Therapist Assistants
 - Occupational Therapist
 - COTA – Certified Occupational Therapist Assistance
 - SLP – Speech Language Pathologist
 - SLPA - Speech Language Pathologist Assistant

Please note: The same Conditions of Participation for Physical Therapy apply to Occupational Therapy as well.



Survey

An agency is inspected every three years. All RA/OPT Medicare Accreditation Program inspectors are trained by AAAASF. Inspectors have a working familiarity with rehabilitation agency. The agency inspector will review any deficiencies with the agency director and forward the Standards and Checklist answer sheet to the AAAASF Office. To be accredited by AAAASF, an agency must meet every standard.

Self-Evaluation

An agency is evaluated by the agency director each year between surveys and the Standards and Checklist answer sheet is sent to the AAAASF Office. An agency's RA/OPT accreditation remains valid if it continues to meet every standard.

Denial or Loss of Accreditation

The AAAASF may deny or revoke accreditation of an agency if the agency fails to satisfy every standard. In addition, if any medical professional providing services at the agency;

- a) has had their privileges restricted or limited related to lack of clinical competence, ethical issues.
- b) has been found to be in violation of the Code of Ethics of any professional society or association of which they are a member.
- c) has had their right to practice limited, suspended, terminated or otherwise affected by any state, province, or country, or if they have been disciplined by any licensing authority.
- d) non-reporting of any of the above to the AAAASF.

Hearing

Any agency whose accreditation has been revoked or denied by the AAAASF has the right to a Hearing at which it may present such information as it deems advisable to show that it has satisfied the requirements for accreditation. The Hearing process is described in the AAAASF Bylaws available from the AAAASF Office.



Emergency Suspension or Emergency Probation

The AAAASF may place an agency on Emergency Suspension or Emergency Probation status upon receiving information that a state board has taken action, or begun formal proceedings which may result in it taking action against a license of a practitioner at the agency, or the Board of Directors determining that the agency may no longer meet AAAASF standards for accreditation. An agency that has been placed on Emergency Suspension or Emergency Probation status will remain in such status pending an expedited investigation and possible Hearing conducted in accordance with AAAASF procedures available from the AAAASF Office.

Important Notice –

Maximal patient safety has always been our guiding concern. We are proud that our Standards may be considered the strongest of any agency that accredits rehabilitation agencies and that many consider them to be the *Gold Standard*. We recognize, however, that they need to be part of a living document, and we continually re-evaluate and revise these Standards in the light of medical advances and changing legislative guidelines.

The AAAASF RA/Outpatient Physical Therapy Medicare Accreditation Program requires 100% compliance with each Standard to become and remain accredited. There are no exceptions. However, when a Standard refers to appropriate or proper or adequate, reasonable flexibility and room for individual consideration by the inspector is permitted as long as patient and staff safety remain uncompromised.



100 Basis and Scope

100.020 Basis and Scope

100.020.005

This subpart implements section 1861(p)(4) of the Act, which—

100.020.010

- (a) Defines outpatient physical therapy and speech pathology services;

100.020.015

- (b) Imposes requirements with respect to adequate program, facilities, policies, staffing, and clinical records; and

100.020.020

- (c) Authorizes the Secretary to establish by regulation other health and safety requirements.



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200 Definitions

200.010 Definitions

200.010

485.703 Condition

200.010.005

Clinic - A facility that is established primarily to furnish outpatient physician services and that meets the following tests of physician involvement:

485.703.a Standard

200.010.010

(1) The medical services are furnished by a group of three or more physicians practicing medicine together.

485.703.a.1 Standard

200.010.015

(2) A physician is present during all hours of operation of the clinic to furnish medical services, as distinguished from purely administrative services.

485.703.a.2 Standard

200.010.020

Extension location- A location or site from which a rehabilitation agency provides services within a portion of the total geographic area served by the primary site. The extension location is part of the rehabilitation agency. The extension location should be located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the extension location to independently meet the conditions of participation as a rehabilitation agency.

485.703.b Standard



200 Definitions

200.010.025

Organization- A clinic, rehabilitation agency, or public health agency.

485.703.c Standard

200.010.030

Public health agency- An official agency established by a State or local government, the primary function of which is to maintain the health of the population served by performing environmental health services, preventive medical services, and in certain cases, therapeutic services.

485.703.d Standard

200.010.035

Rehabilitation agency- An agency that:

485.703.e Standard

200.010.040

(1) Provides an integrated interdisciplinary rehabilitation program designed to upgrade the physical functioning of handicapped disabled individuals by bringing specialized rehabilitation staff together to perform as a team; and

485.703.e.1 Standard

200.010.045

(2) Provides at least physical therapy or speech-language pathology services.

485.703.e.2 Standard



200 Definitions

200.010.050

Supervision- Authoritative procedural guidance that is for the accomplishment of a function or activity and that:

485.703.f Standard

200.010.055

(1) Includes initial direction and periodic observation of the actual performance of the function or activity; and

485.703.f.1 Standard

200.010.060

(2) Is furnished by a qualified person—

485.703.f.2 Standard

200.010.065

(i) Whose sphere of competence encompasses the particular function or activity; and

485.703.f.2.(i) Standard

200.010.070

(ii) Who (unless otherwise provided in this subpart) is on the premises if the person performing the function or activity does not meet the assistant-level practitioner qualifications specified in §485.705.

485.703.f.2.(ii) Standard



300 Personnel Qualifications

300.010 Personnel Qualifications

300.010

485.705 Condition

300.010.010

(a) General qualification requirements. Except as specified in paragraphs (b) and (c) of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy, and speech-language pathology services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

485.705.a Standard

300.010.015

(b) Exception for Federally defined qualifications. The following Federally defined qualifications must be met:

485.705.b Standard

300.010.020

(1) For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in 42 CFR 484.

485.705.b.1 Standard

300.010.025

(2) For a speech-language pathologist, the qualifications specified in section 1861(11)(1) of the Act and the requirements in 42 CFR 484.

485.705.b.2 Standard



300 **Personnel Qualifications**

300.010.030

(c) Exceptions when no State Licensing laws or State certification or registration requirements exist. If no State licensing laws or State certification or registration requirements exist for the profession, the following requirements must be met—

485.705.c Standard

300.010.035

(1) An administrator is a person who has a bachelor's degree and:

485.705.c.1 Standard

300.010.040

(i) Has experience or specialized training in the administration of health institutions or agencies;
or

485.705.c.1.(i) Standard

300.010.045

(ii) Is qualified and has experience in one of the professional health disciplines.

485.705.c.1.(ii) Standard

300.010.050

(10) A physician assistant is a person who:

485.705.c.10 Standard

300.010.055

(i) Has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or

485.705.c.10.(i) Standard



300 **Personnel Qualifications**

300.010.060

(ii) Has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and

485.705.c.10.(ii) Standard

300.010.065

(iii) Is licensed by the State to practice as a physician assistant.

485.705.c.10.(iii) Standard

300.010.070

(2) An occupational therapist must meet the requirements in part 484 of this chapter.

485.705.c.2 Standard

300.010.075

(3) An occupational therapy assistant must meet the requirements in part 484 of this chapter.

485.705.c.3 Standard

300.010.080

(4) A physical therapist must meet the requirements in part 484 of this chapter.

485.705.c.4 Standard

300.010.085

(5) A physical therapist assistant must meet the requirements in part 484 of this chapter.

485.705.c.5 Standard



300 **Personnel Qualifications**

300.010.090

A social worker must meet the requirements in 484 of this chapter. From CMS 484 Home Health Services; Subpart A; 484.4 General Provisions; Personnel Qualifications: Social worker. A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has 1 year of social work experience in a health care setting.

485.705.c.6 Standard

300.010.095

A vocational specialist is a person who has a baccalaureate degree and - (i) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment agency, etc.; or

485.705.c.7 Standard

485.705.c.7.(i) Standard

300.010.100

At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or

485.705.c.7.(ii) Standard

300.010.105

A master's degree in vocational counseling.

485.705.c.7.(iii) Standard

300.010.115

(8) A nurse practitioner is a person who must:

485.705.c.8 Standard



300 **Personnel Qualifications**

300.010.120

(i) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and

485.705.c.8.(i) Standard

300.010.125

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or

485.705.c.8.(ii) Standard

300.010.130

(iii) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000; or

485.705.c.8.(iii) Standard

300.010.135

(iv) Be a nurse practitioner who on or after January 1, 2001, applies for a Medicare billing number for the first time and meets the standards for nurse practitioners in 42 CFR 485.705(c)(8)(i) [Standard 300.010.120] and 42 CFR 485.705(c)(8)(ii) [Standard 300.010.125]; or 485.705.c.8.(iv) Standard

300.010.140

(v) Be a nurse practitioner who on or after January 1, 2003, applies for a Medicare billing number for the first time and possesses a master's degree in nursing and meets the standards for nurse practitioners in 42 CFR 485.705(b)(1)(i) and 42 CFR 485.705(b)(1)(ii).

485.705.c.8.(v) Standard



300 **Personnel Qualifications**

300.010.145

(9) A clinical nurse specialist is a person who must:

485.705.c.9 Standard

300.010.150

(i) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;

485.705.c.9.(i) Standard

300.010.155

(ii) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and,

485.705.c.9.(ii) Standard

300.010.160

(iii) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

485.705.c.9.(iii) Standard



400 Compliance with Federal, State, and Local Laws

400.010 Compliance with Federal, State, and Local Laws

400.010.005

The organization and its staff are in compliance with all applicable Federal, State, and local laws and regulations.

485.707 Condition

400.010.010

(a) Standard: Licensure of organization. In any State in which State or applicable local law provides for the licensing of organizations, a clinic, rehabilitation agency, or public health agency is licensed in accordance with applicable laws.

485.707.a Standard

400.010.015

(b) Standard: Licensure or registration of personnel. Staff of the organization are licensed or registered in accordance with applicable laws.

485.707.b Standard



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500 Administrative Management

500.010 Administrative Management

500.010.005

The clinic or rehabilitation agency has an effective governing body that is legally responsible for the conduct of the clinic or rehabilitation agency. The governing body designates an administrator, and establishes administrative policies.

485.709 Condition

500.010.010

(a) Standard: Governing body. There is a governing body (or designated person(s) so functioning) which assumes full legal responsibility for the overall conduct of the clinic or rehabilitation agency and for compliance with applicable laws and regulations. The name of the owner(s) of the clinic or rehabilitation agency is fully disclosed to the State agency. In the case of corporations, the names of the corporate officers are made known.

485.709.a Standard

500.010.015

(b) Standard: Administrator. The governing body—

485.709.b Standard

500.010.020

(1) Appoints a qualified full-time administrator;

485.709.b.1 Standard

500.010.025

(2) Delegates to the administrator the internal operation of the clinic or rehabilitation agency in accordance with written policies;

485.709.b.2 Standard



500 **Administrative Management**

500.010.030

(3) Defines clearly the administrator's responsibilities for procurement and direction of personnel; and

485.709.b.3 Standard

500.010.040

(4) Designates a competent individual to act during temporary absence of the administrator.

485.709.b.4 Standard

500.010.045

(c) Standard: Personnel policies. Personnel practices are supported by appropriate written personnel policies that are kept current. Personnel records include the qualifications of all professional and assistant level personnel, as well as evidence of State licensure if applicable.

485.709.c Standard

500.010.050

(d) Standard: Patient care policies. Patient care practices and procedures are supported by written policies established by a group of professional personnel including one or more physicians associated with the clinic or rehabilitation agency, one or more qualified physical therapists (if physical therapy services are provided), and one or more qualified speech pathologists (if speech pathology services are provided). The policies govern the outpatient physical therapy and/or speech pathology services and related services that are provided. These policies are evaluated at least annually by the group of professional personnel, and revised as necessary based upon this evaluation.

485.709.d Standard

600 Plan of Care and Physician Involvement

600 Plan of Care and Physician Involvement

600.010.005

For each patient in need of outpatient physical therapy or speech pathology services, there is a written plan of care established and periodically reviewed by a physician, or by a physical therapist or speech pathologist respectively.

485.711 Condition

600.010.010

(a) Standard: Medical history and prior treatment. The following are obtained by the organization before or at the time of initiation of treatment:

485.711.a Standard

600.010.015

(1) The patient's significant past history.

485.711.a.1 Standard

600.010.020

(2) Current medical findings, if any.

485.711.a.2 Standard

600.010.025

(3) Diagnosis(es), if established.

485.711.a.3 Standard

600.010.027

(4) Physician's orders, if any.

485.711.a.4 Standard



600 Plan of Care and Physician Involvement

600.010.030

(5) Rehabilitation goals, if determined.

485.711.a.5 Standard

600.010.035

(6) Contraindications, if any.

485.711.a.6 Standard

600.010.040

(7) The extent to which the patient is aware of the diagnosis(es) and prognosis.

485.711.a.7 Standard

600.010.045

(8) If appropriate, the summary of treatment furnished and results achieved during previous periods of rehabilitation services or institutionalization.

485.711.a.8 Standard

600.010.050

(b) Standard: Plan of care.

485.711.b Standard

600.010.055

(1) For each patient there is a written plan of care established by the physician or by the physical therapist or speech-language pathologist who furnishes the services.

485.711.b.1 Standard



600 Plan of Care and Physician Involvement

600.010.060

(2) The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the—

485.711.b.2 Standard

600.010.065

(i) Type;

485.711.b.2.(i) Standard

600.010.070

(ii) Amount;

485.711.b.2.(ii) Standard

600.010.075

(iii) Frequency; and

485.711.b.2.(iii) Standard

600.010.080

(iv) Duration.

485.711.b.2.(iv) Standard

600.010.085

(3) The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken.

485.711.b.3 Standard



600 Plan of Care and Physician Involvement

600.010.087

(4) Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.

485.711.b.4 Standard

600.010.090

(c) Standard: Emergency care. The rehabilitation agency must establish procedures to be followed by personnel in an emergency, which cover immediate care of the patient, persons to be notified, and reports to be prepared.

485.711.c Standard

700 Physical and Occupational Therapy Services

700.010 Physical Therapy Services

700.010.005

If the organization offers physical therapy services, it provides an adequate program of physical therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

485.713 Condition

700.010.010

(a) Standard: Adequate program.

485.713.a Standard

700.010.015

(1) The organization is considered to have an adequate outpatient physical therapy program if it can:

485.713.a.1 Standard

700.010.020

(i) Provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity;

485.713.a.1.(i) Standard

700.010.025

(ii) Conduct patient evaluations; and

485.713.a.1.(ii) Standard



700 **Physical and Occupational Therapy Services**

700.010.030

(iii) Administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.

485.713.a.1.(iii) Standard

700.010.035

(2) A qualified physical therapist is present or readily available to offer supervision when a physical therapist assistant furnishes services.

485.713.a.2 Standard

700.010.040

(i) If a qualified physical therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.

485.713.a.2.(i) Standard

700.010.045

(ii) When a physical therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days.

485.713.a.2.(ii) Standard

700.010.050

(b) Standard: Facilities and equipment. The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service.

485.713.b Standard



700 Physical and Occupational Therapy Services

700.010.055

(c) Standard: Personnel qualified to provide physical therapy services. Physical therapy services are provided by, or under the supervision of, a qualified physical therapist. The number of qualified physical therapists and qualified physical therapist assistants is adequate for the volume and diversity of physical therapy services offered. A qualified physical therapist is on the premises or readily available during the operating hours of the organization.

485.713.c Standard

700.010.060

(d) Standard: Supportive personnel. If personnel are available to assist qualified physical therapists by performing services incident to physical therapy that do not require professional knowledge and skill, these personnel are instructed in appropriate patient care services by qualified physical therapists who retain responsibility for the treatment prescribed by the attending physician.

485.713.d Standard

700.020 Occupational Services

700.020.005

If the organization offers occupational therapy services, it provides an adequate program of occupational therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

700.020.010

(a) Standard: Adequate program.

700.020.015

(1) The organization is considered to have an adequate occupational therapy program if it can:



700 Physical and Occupational Therapy Services

700.020.020

(i) Provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity;

700.020.025

(ii) Conduct patient evaluations; and

700.020.030

(iii) Administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.

700.020.035

(2) A qualified occupational therapist is present or readily available to offer supervision when an occupational therapist assistant furnishes services.

700.020.040

(i) If a qualified occupational therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.

700.020.045

(ii) When an occupational therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified occupational therapist who makes an onsite supervisory visit at least once every 30 days.

700.020.050

(b) Standard: Facilities and equipment. The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service.



700 **Physical and Occupational Therapy Services**

700.020.055

(c) Standard: Personnel qualified to provide occupational therapy services. Occupational therapy services are provided by, or under the supervision of, a qualified occupational therapist. The number of qualified occupational therapists and qualified occupational therapist assistants is adequate for the volume and diversity of occupational therapy services offered. A qualified occupational therapist is on the premises or readily available during the operating hours of the organization.

700.020.060

(d) Standard: Supportive personnel. If personnel are available to assist qualified occupational therapists by performing services incident to occupational therapy that do not require professional knowledge and skill, these personnel are instructed in appropriate patient care services by qualified occupational therapists who retain responsibility for the treatment prescribed by the attending physician

800 Speech Pathology Services

800.010 Speech Pathology Services

800.010.005

If speech pathology services are offered, the organization provides an adequate program of speech pathology and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

485.715 Condition

800.010.010

(a) Standard: Adequate program. The organization is considered to have an adequate outpatient speech pathology program if it can provide the diagnostic and treatment services to effectively treat speech disorders.

485.715.a Standard

800.010.015

(b) Standard: Facilities and equipment. The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of speech disorders it accepts for service.

485.715.b Standard

800.010.020

(c) Standard: Personnel qualified to provide speech pathology services. Speech pathology services are given or supervised by a qualified speech pathologist and the number of qualified speech pathologists is adequate for the volume and diversity of speech pathology services offered. At least one qualified speech pathologist is present at all times when speech pathology services are furnished.

485.715.c Standard



900 Rehabilitation Program

900.010 Rehabilitation Program

900.010.005

This condition and standards apply only to a rehabilitation agency's own patients, not to patients of hospitals, skilled nursing facilities (SNFs), or Medicaid nursing facilities (NFs) to which the agency furnishes services. The hospital, SNF, or NF is responsible for ensuring that qualified staff furnish services for which they arrange or contract for their patients. The rehabilitation agency provides physical therapy and speech-language pathology services to all of its patients who need them.

485.717 Condition

900.010.010

(a) Standard: Qualification of staff. The agency's therapy services are furnished by qualified individuals as direct services and/or services provided under contract.

485.717.a Standard

900.010.015

(b) Standard: Arrangements for services. If services are provided under contract, the contract must specify the term of the contract, the manner of termination or renewal and provide that the agency retains responsibility for the control and supervision of the services.

485.717.b Standard



1000 Condition of Participation

1000.010 Condition of Participation

1000.010

Arrangements for physical therapy and speech pathology services to be performed by other than salaried organization personnel.

485.719 Condition

1000.010.010

(a) Conditions. If an organization provides outpatient physical therapy or speech pathology services under an arrangement with others, the services are to be furnished in accordance with the terms of a written contract, which provides that the organization retains of professional and administrative responsibility for, and control and supervision of, the services.

485.719.a Standard

1000.010.015

(b) Standard: Contract provisions. The contract—

485.719.b Standard

1000.010.020

(1) Specifies the term of the contract and the manner of termination or renewal;

485.719.b.1 Standard



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1000 Condition of Participation

1000.010.025

(2) Requires that personnel who furnish the services meet the requirements that are set forth in this subpart for salaried personnel; and

485.719.b.2 Standard

1000.010.030

(3) Provides that the contracting outside resource may not bill the patient or Medicare for the services. This limitation is based on section 1861(w)(1) of the Act, which provides that—

485.719.b.3 Standard

1000.010.035

(i) Only the provider may bill the beneficiary for covered services furnished under arrangements; and

485.719.b.3.(i) Standard

1000.010.040

(ii) Receipt of Medicare payment by the provider, on behalf of an entitled individual, discharges the liability of the individual or any other person to pay for those services.

485.719.b.3.(ii) Standard



1100 Clinical Records

1100.010 Clinical Records

1100.010.005

The organization maintains clinical records on all patients in accordance with accepted professional standards, and practices. The clinical records are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.

485.721 Condition

1100.010.010

(a) Standard: Protection of clinical record information. The organization recognizes the confidentiality of clinical record information and provides safeguards against loss, destruction, or unauthorized use. Written procedures govern the use and removal of records and the conditions for release of information. The patient's written consent is required for release of information not authorized by law.

485.721.a Standard

1100.010.015

(b) Standard: Content. The clinical record contains sufficient information to identify the patient clearly, to justify the diagnosis(es) and treatment, and to document the results accurately. All clinical records contain the following general categories of data:

485.721.b Standard

1100.010.020

(1) Documented evidence of the assessment of the needs of the patient, of an appropriate plan of care, and of the care and services furnished.

485.721.b.1 Standard



1100 Clinical Records

1100.010.025

(2) Identification data and consent forms.

485.721.b.2 Standard

1100.010.030

(3) Medical history.

485.721.b.3 Standard

1100.010.035

(4) Report of physical examinations, if any.

485.721.b.4 Standard

1100.010.040

(5) Observations and progress notes.

485.721.b.5 Standard

1100.010.045

(6) Reports of treatments and clinical findings.

485.721.b.6 Standard

1100.010.050

(7) Discharge summary including final diagnosis(es) and prognosis.

485.721.b.7 Standard



1100 Clinical Records

1100.010.055

(c) Standard: Completion of records and centralization of reports. Current clinical records and those of discharged patients are completed promptly. All clinical information pertaining to a patient is centralized in the patient's clinical record. Each physician signs the entries that he or she makes in the clinical record.

485.721.c Standard

1100.010.060

(d) Standard: Retention and preservation. Clinical records are retained for at least:

485.721.d Standard

1100.010.065

(1) The period determined by the respective State statute, or the statute of limitations in the State;
or

485.721.d.1 Standard

1100.010.070

(2) In the absence of a State statute—

485.721.d.2 Standard

1100.010.075

(i) Five years after the date of discharge; or

485.721.d.2.(i) Standard



1100 Clinical Records

1100.010.080

(ii) In the case of a minor, 3 years after the patient becomes of age under State law or 5 years after the date of discharge, whichever is longer.

485.721.d.2.(ii) Standard

1100.010.085

(e) Standard: Indexes. Clinical records are indexed at least according to name of patient to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.

485.721.e Standard

1100.010.090

(f) Standard: Location and facilities. The organization maintains adequate facilities and equipment, conveniently located, to provide efficient processing of clinical records (reviewing, indexing, filing, and prompt retrieval).

485.721.f Standard



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1200 Physical Environment

1200.010 Physical Environment

1200.010.005

The building housing the organization is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable environment.

485.723 Condition

1200.010.010

(a) Standard: Safety of patients. The organization satisfies the following requirements:

485.723.a Standard

1200.010.015

(1) It complies with all applicable State and local building, fire, and safety codes.

485.723.a.1 Standard

1200.010.020

(2) Permanently attached automatic fire-extinguishing systems of adequate capacity are installed in all areas of the premises considered to have special fire hazards. Fire extinguishers are conveniently located on each floor of the premises. Fire regulations are prominently posted.

485.723.a.2 Standard

1200.010.025

(3) Doorways, passageways and stairwells negotiated by patients are:

485.723.a.3 Standard



1200 Physical Environment

1200.010.030

(i) Of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs), (ii) free from obstruction at all times, and (iii) in the case of stairwells, equipped with firmly attached handrails on at least one side.

485.723.a.3.(ii) Standard

485.723.a.3.(i) Standard

485.723.a.3.(iii) Standard

1200.010.035

(4) Lights are placed at exits and in corridors used by patients and are supported by an emergency power source.

485.723.a.4 Standard

1200.010.040

(5) A fire alarm system with local alarm capability and, where applicable, an emergency power source, is functional.

485.723.a.5 Standard

1200.010.045

(6) At least two persons are on duty on the premises of the organization whenever a patient is being treated.

485.723.a.6 Standard

1200.010.050

(7) No occupancies or activities undesirable or injurious to the health and safety of patients are located in the building.

485.723.a.7 Standard



1200 Physical Environment

1200.010.055

(b) Standard: Maintenance of equipment, building, and grounds. The organization establishes a written preventive-maintenance program to ensure that—

485.723.b Standard

1200.010.060

(1) The equipment is operative, and is properly calibrated; and

485.723.b.1 Standard

1200.010.065

(2) The interior and exterior of the building are clean and orderly and maintained free of any defects that are a potential hazard to patients, personnel, and the public.

485.723.b.2 Standard

1200.010.070

(c) Standard: Other environmental considerations. The organization provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.

485.723.c Standard

1200.010.075

(1) Provision is made for adequate and comfortable lighting levels in all areas; limitation of sounds at comfort levels; a comfortable room temperature; and adequate ventilation through windows, mechanical means, or a combination of both.

485.723.c.1 Standard



1200 Physical Environment

1200.010.080

(2) Toilet rooms, toilet stalls, and lavatories are accessible and constructed so as to allow use by non-ambulatory and semi-ambulatory individuals.

485.723.c.2 Standard

1200.010.085

(3) Whatever the size of the building, there is an adequate amount of space for the services provided and disabilities treated, including reception area, staff space, examining room, treatment areas, and storage.

485.723.c.3 Standard

1300 Infection Control

1300.010 Infection Control

1300.010.005

The organization that provides outpatient physical therapy services establishes an infection control committee of representative professional staff with responsibility for overall infection control. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.

485.725 Condition

1300.010.010

(a) Standard: Infection-control committee. The infection-control committee establishes policies and procedures for investigating, controlling, and preventing infections in the organization and monitors staff performance to ensure that the policies and procedures are executed.

485.725.a Standard

1300.010.015

(b) All personnel follow written procedures for effective aseptic techniques. The procedures are reviewed annually and revised if necessary to improve them.

485.725.b Standard

1300.010.020

(c) Standard: Housekeeping.

485.725.c Standard

1300.010.025

(1) The organization employs sufficient housekeeping personnel and provides all necessary equipment to maintain a safe, clean, and orderly interior. A full-time employee is designated as the one responsible for the housekeeping services and for supervision and training of housekeeping personnel.

485.725.c.1 Standard



1300 **Infection Control**

1300.010.030

(2) An organization that has a contract with an outside resource for housekeeping services may be found to be in compliance with this standard provided the organization or outside resource or both meet the requirements of the standard.

485.725.c.2 Standard

1300.010.035

(d) Standard: Linen. The organization has available at all times a quantity of linen essential for proper care and comfort of patients. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.

485.725.d Standard

1300.010.040	___ Compliant	___ Deficient	ES1: C / D	ES2: C / D	ES3: C / D
	(Primary Site)		ES4: C / D	ES5: C / D	ES6: C / D

(e) Standard: Pest control. The organization's premises are maintained free from insects and rodents through operation of a pest-control program.

485.725.e Standard

1500 Program Evaluation

1500.010 Program Evaluation

1500.010.005

The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization's policies are followed in providing services to patients through employees or under arrangements with others.

485.729 Condition

1500.010.010

(a) Standard: Clinical-record review. A sample of active and closed clinical records is reviewed quarterly by the appropriate health professionals to ensure that established policies are followed in providing services.

485.729.a Standard

1500.010.015

(b) Standard: Annual statistical evaluation. An evaluation is conducted annually of statistical data such as number of different patients treated, number of patient visits, condition on admission and discharge, number of new patients, number of patients by diagnosis(es), sources of referral, number and cost of units of service by treatment given, and total staff days or work hours by discipline.

485.729.b Standard



1600 Emergency Preparedness Program

1600.010 Emergency Preparedness Program

1600.010.001

The Provider/Supplier must comply with all applicable Federal, State, and local emergency preparedness requirements. The Provider/Supplier must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

485.727 Condition

1600.010.002

Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two (2) years.

485.727.a Standard

1600.010.003

The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

485.727.a.1 Standard

1600.010.004

The plan must include strategies for addressing emergency events identified by the risk assessment.

485.727.a.2 Standard

1600.010.005

The plan must address patient population, including, but not limited to, the type of services the Provider/Supplier has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

485.727.a.3 Standard



1600 Emergency Preparedness Program

1600.010.006

The plan must address the location and use of alarm systems and signals; and methods of containing fire.

485.727.a.4 Standard

1600.010.007

The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation..

485.727.a.5 Standard

1600.010.008

The plan must be developed and maintained with assistance from fire, safety, and other appropriate experts.

485.727.a.6 Standard

1600.010.009

Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least every two (2) years.

485.727.b Standard



1600 Emergency Preparedness Program

1600.010.011

At a minimum, the policies and procedures must address safe evacuation from the Provider/Supplier.

485.727.b.1 Standard

1600.010.012

Safe evacuation from the Provider/Supplier, which includes consideration of care and treatment needs of evacuees.

485.727.b.1 Standard

1600.010.013

Safe evacuation from the Provider/Supplier, which includes staff responsibilities

485.727.b.1 Standard

1600.010.017

A means to shelter in place for patients, staff, and volunteers who remain in the Provider/Supplier.

485.727.b.2 Standard

1600.010.018

A system of medical documentation that preserves patient information.

485.727.b.3 Standard

1600.010.019

A system of medical documentation that protects confidentiality of patient information

485.727.b.3 Standard



1600 Emergency Preparedness Program

1600.010.020

A system of medical documentation that secures and maintains the availability of records.

485.727.b.3 Standard

1600.010.021

The use of volunteers in an emergency and other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

485.727.b.4 Standard

1600.010.023

Communication plan. The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.

485.727.c Standard

1600.010.024

The communication plan must include names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement (iii) Patients' physicians (iv) Volunteers (v) Other Provider/Suppliers within the same Medicare type.

485.727.c.1 Standard

1600.010.025

The communication plan must include contact information for the following: (i) Federal, state, tribal, regional, and local emergency preparedness staff (ii) Other sources of assistance.

485.727.c.2 Standard



1600 Emergency Preparedness Program

1600.010.026

The communication plan must include primary and alternate means for communicating with the following: (i) Provider/Supplier's staff (ii) Federal, State, tribal, regional, and local emergency management agencies.

485.727.c.3 Standard

1600.010.027

The communication plan must include a method for sharing information and medical documentation for patients under the Provider/Supplier's care, as necessary, with other health care providers to maintain the continuity of care.

485.727.c.4 Standard

1600.010.030

The communication plan must include a means of providing information about the Provider/Supplier's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

485.727.c.5 Standard

1600.010.031

Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least every two (2) years.

485.727.d Standard



1600 Emergency Preparedness Program

1600.010.032

The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing onsite services under arrangement, and volunteers, consistent with their expected roles.

485.727.d.1.i Standard

1600.010.033

The training program must provide emergency preparedness training at least every two (2) years.

485.727.d.1.ii Standard

1600.010.034

The training program must maintain documentation of all emergency preparedness training.

485.727.d.1.iii Standard

1600.010.035

The training program must demonstrate staff knowledge of emergency procedures.

485.727.d.1.iv Standard

1600.010.036

If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.

485.727.d.2 Standard



1600 Emergency Preparedness Program

1600.010.037

Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.

485.727.d.2 Standard

1600.010.038

The Provider/Supplier must participate in a fullscale exercise that is community-based every two (2) years; or

When a community based exercise is not accessible, conduct a facility-based functional exercise every two 2) years; or

If the Provider/Supplier experiences an actual natural or manmade emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.

485.727(d)(2)(i) Standard

485.727(d)(2)(i)(A) Standard

485.727(d)(2)(i)(B) Standard

1600.010.039

The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise (standard 1600.010.038) is conducted, that may include, but is not limited to the following:

A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or

B) A mock disaster drill; or

C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

4485.727(d)(2)(ii) Standard

485.727(d)(2)(ii)(A) Standard

485.727(d)(2)(ii)(B) Standard

485.727(d)(2)(ii)(C) Standard

1600.010.040

The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.

485.727.d.2.iii Standard



1600 Emergency Preparedness Program

1600.020 Integrated Healthcare Systems

This section only applies to those providers/suppliers participating in Integrated Health Systems.

1600.020.001

If a Provider/Supplier is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Provider/Supplier may choose to participate in the healthcare system's coordinated emergency preparedness program.

485.727.e Standard

1600.020.002

If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

485.727.e.1 Standard

1600.020.003

If elected, the unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

485.727.e.2 Standard

1600.020.004

If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

485.727.e.3 Standard



1600 Emergency Preparedness Program

1600.020.005

If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of standards 1600.010.004, 1600.010.005, and 1600.010.007.

485.727.e.4 Standard

1600.020.006

If elected, the unified and integrated emergency plan must also be based on and include a documented community-based risk assessment, utilizing an all-hazards approach.

485.727.e.4.i Standard

1600.020.007

If elected, the unified and integrated emergency plan must also be based on and include a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

485.727.e.4.ii Standard

1600.020.008

If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in 1600.010.009 of this section, a coordinated communication plan, and training and testing programs that meet the requirements in standards 1600.010.023 and 1600.010.031 of this section, respectively.

485.727.e.5 Standard



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Please fill out the attached score sheets as part of your 2nd Year or 3rd Year Self Survey. The indication of compliant or deficiency addresses the Primary and all Extension sites (if applicable). Once completed, fill in the Clinic ID and Clinic name. Also, have the Administrator fill in his/her name, sign, and date. Note that you will be responsible for any updates to the Standards during your 2nd and 3rd Year Self Surveys.

Clinic ID: _____

Clinic Name: _____

Administrator (print): _____

Administrator (signature): _____ Date: _____



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100.020 Basis and Scope

100.020.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
100.020.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
100.020.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
100.020.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

200.010 Definitions

200.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.065	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.010.070	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

300.010 Personnel Qualifications

300.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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300.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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300.010.105	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.115	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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300.010.130	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.135	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.140	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient



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300.010 Personnel Qualifications (cont.)

300.010.145	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.150	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.155	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
300.010.160	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

400.010 Compliance with Federal, State, and Local Laws

400.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
400.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
400.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

500.010 Administrative Management

500.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
500.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

600.010 Plan of Care and Physician Involvement

600.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600. 10.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.027	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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600.010.085	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.087	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
600.010.090	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient



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700.010 Physical Therapy Services

700.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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700.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.010.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

700.020 Occupational Services

700.020.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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700.020.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
700.020.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

800.010 Speech Pathology Services

800.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
800.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
800.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
800.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

900.010 Rehabilitation Program

900.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
900.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
900.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

1000.010 Condition of Participation

1000.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1000.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient



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1100.010 Clinical Records

1100.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.065	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.070	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.075	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.080	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.085	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1100.010.090	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

1200.010 Physical Environment

1200.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.065	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.070	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.075	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.080	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1200.010.085	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

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1300.010 Infection Control

1300.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1300.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

1500.010 Program Evaluation

1500.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1500.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1500.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

1600.010 Emergency Preparedness Program

1600.010.001	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.002	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.003	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.004	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.006	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.007	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.008	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.009	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.011	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.012	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.013	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.017	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.018	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.019	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.021	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.023	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.024	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.026	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.027	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.031	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.032	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.033	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.034	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient



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1600.010 Emergency Preparedness Program (cont'd)

1600.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.036	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.037	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.038	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.039	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

1600.020 Integrated Healthcare Systems

1600.020.001	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.002	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.003	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.004	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.006	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.007	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
1600.020.008	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient





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