



# **Medicare Outpatient Physical Therapy (OPT) Accreditation Standards Manual**

Version 3.1, Effective March 1, 2022

*American Association for Accreditation of Ambulatory Surgery Facilities*

Facility: [Company]

Facility ID:

Survey End Date:

Surveyor:

AAAASF OPT Standards – © 2021

## Table of Contents

Topic	Page #
<a href="#">Survey Instructions</a>	3
<a href="#">Standards Structure</a>	3
<a href="#">Standards Book Layout</a>	4
<a href="#">Scoring Compliance</a>	4
<a href="#">Survey Information</a>	6
<a href="#">Site-Specific Surveyor Attestation Form</a>	7
<a href="#">Immediate Jeopardy Reporting Template</a>	9
<a href="#">Clinical Record Review Worksheet</a>	10
<a href="#">Personnel Record Review Worksheet</a>	14
<b>OPT Standards</b>	
<b>Section 5: In Case of Emergency</b>	<b>16</b>
<a href="#">Sub-section D: Emergency Preparedness Plan</a>	16
<a href="#">Sub-section E: Emergency Preparedness Plan – Integrated Healthcare System</a>	21
<b>Section 11: Personnel</b>	<b>23</b>
<a href="#">Sub-section E: Facility Staffing</a>	23
Sub-section J: Vaccination Status	23
<b>Section 15: Outpatient Physical Therapy (OPT)</b>	<b>30</b>
<a href="#">Sub-section A: Personnel Qualifications</a>	30
<a href="#">Sub-section B: Compliance with Federal, State, and Local Laws</a>	34
<a href="#">Sub-section C: Administrative Management</a>	35
<a href="#">Sub-section D: Plan of Care and Physician Involvement</a>	36
<a href="#">Sub-section E: Physical Therapy Services</a>	39
<a href="#">Sub-section F: Occupational Therapy Services</a>	40
<a href="#">Sub-section G: Speech Pathology Services</a>	42
<a href="#">Sub-section H: Rehabilitation Program</a>	43
<a href="#">Sub-section I: Arrangements for Services to be Performed By Other Than Salaried Organization Personnel</a>	44
<a href="#">Sub-section J: Clinical Records</a>	45
<a href="#">Sub-section K: Physical Environment</a>	47
<a href="#">Sub-section L: Infection Control</a>	50
<a href="#">Sub-section M: Program Evaluation</a>	51
<a href="#">Glossary</a>	52

## **Survey Instructions**

Please complete the Standards Manual for the facility by assessing compliance with the standards contained in this book.

## **Standards Structure**

Standards found in this book are organized by grouping relevant standards together. These groupings are comprised of “Sections”, “Sub-sections”, and then individual standard numbers. Each main “Section” is identified by a numerical value, “Sub-sections” have been assigned an alphabetical value, and the individual standards under the subsection have also been numbered. Based on this format, each standard has been assigned a unique identifier to include all three elements to indicate its location.

For example: The standard which states, “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.” is the first standard under Section 15, Sub-section C. Therefore, the unique identifier for this standard is: 15-C-1.

Please note that not all standards are necessarily in continuous sequential order. Some numbers have been reserved for future use and do not appear in the manual. The groupings within the Sections and Sub-sections of this book are intended to separate standards into logical sets of standards. Based on 40 years’ experience, such groups are likely, but not guaranteed, to be found and assessed during the same portion of the survey process.

## Standards Book Layout

The standards manual layout consists of five columns. The function of each column are as follows:

- ID:** This column contains the alphanumeric identifier for each standard.
- Standard:** This column contains the text for each standard.
- CMS Ref:** This column indicates the corresponding CMS regulatory reference, if applicable.
- Class:** This column indicates the anesthesia classification, based on AAAASF definitions, that is applicable to the standard. Only facilities that provide anesthesia meeting the definition of one or more of the classifications listed in this column are required to comply with that particular standard.
- Score:** This column is used to document compliance or non-compliance by the surveyor during the survey process; or, by the facility during self-assessment reviews for performance. As stated below, if 100% compliance is not achieved, the standard is marked as “deficient”.

## Scoring Compliance

The AAAASF accreditation program requires 100% compliance with each standard to become and remain accredited. There are no exceptions. If there is even one instance where a surveyor makes an observation of non-compliance, the standard is scored as “Deficient” and the facility will be required to submit a Plan of Correction, as well as evidence of completed corrections. There may be occasion where the surveyor observes non-compliance, but the facility is able to demonstrate that the deficiency has been corrected while the surveyor is still on-site. Applicable standard(s) will be given a score of deficient. To provide full context to AAAASF and CMS, the survey findings should illustrate that non-compliance was corrected in the presence of the survey team.

AAAASF does not confer accreditation until a facility has provided acceptable plans of correction and evidence of corrections for every deficiency cited. However, when a standard refers to "appropriate", "proper" or "adequate", reasonable flexibility and room for consideration by the surveyor is permitted as long as patient and staff safety remain uncompromised.

**NOTES:**

Click or tap here to enter text.

DRAFT

## **SURVEY INFORMATION**

**Facility ID:** [Abstract]

**Facility Name:** [Company]

**Facility Class:** Choose an item.

**Medical Director:** Click or tap here to enter text.

**Anniversary Date:** Click or tap to enter a date.

**Accreditation Cycle:** Click or tap here to enter text.

**Surveyor:** [Manager]

**Number of Surveyors on Team:** Click or tap here to enter text.

**Survey Start Date:** Click or tap to enter a date.

**Survey End Date:** [Publish Date]

**Total # of Deficiencies:** Click or tap here to enter text.

**Monthly Case Volume:** Click or tap here to enter text.

**Time In (hh:mm):** Click or tap here to enter text.

**Time Out (hh:mm):** Click or tap here to enter text.

**Facility Refused Survey**

By checking this box, I certify that the above information is accurate to the best of my knowledge.

## Site-Specific Surveyor Attestation Form AAAASF Accreditation Programs

I attest that I have conducted the survey of the facility named above in a manner consistent with the initial agreement signed as a condition of becoming an AAAASF surveyor.

I have never been found to be in violation of the Code of Ethics of any professional society or association.

I have never had my right to practice nursing, medicine, and/or surgery limited, suspended, terminated, or otherwise affected by any state, providence, or country and have never been disciplined by any medical licensing authority.

I fully understand, upheld, and complied with all AAAASF policies and procedures in the surveying of facilities on behalf of AAAASF. (See Link to Surveyor Resource / Policy Page)

I understand and confirm that I followed the requirements of the AAAASF Surveyor Code of Conduct (Surveyor Code of Conduct) while conducting this survey.

I understand and confirm that I followed the AAAASF Surveyor Guidelines (See Link to Surveyor Resource / Policy Page) while conducting this survey.

I understand that this survey may be subject to an annual surveyor evaluation and review process conducted by AAAASF Quality Assurance Committee.

I attest that as a condition for maintaining my eligibility as an AAAASF Surveyor, I have attended an AAAASF surveyor in service training course at least once in the last 3 years, completed the surveyor training examination administered at the conclusion of the training course. I understand that surveyor certification status depends on passing the training examination.

I attest that this survey was conducted in accordance with the AAAASF Conflict of Interest agreement (See Policy on Conflicts of Interest & Policy on Reporting Conflicts of Interest), that I read, signed, and agreed to abide by as a condition for becoming an AAAASF Surveyor. (See Policy on Surveyor Qualifications)

CMS surveys only: In accordance with Center for Medicare and Medicaid Services, State Operations Manual Section 2700A, I confirm that this survey was unannounced, that I neither revealed the time nor date of the survey to the facility, and that I will assume responsibility under Sections 1819(g)(2)(A)(i), 1919(g)(2)(A)(i), and 1891(c)(1) of the Social Security Act should I be found to have revealed the date and/or time of a survey to any member of the facility staff that was surveyed.

I have read, understand, and have conducted this survey in accordance with all related AAAASF policies and procedures (See Link to Surveyor Resource / Policy Page), including, but not limited to:

- Basic Surveyor Expectations (See Policy on Basic Surveyor Expectations)
- How to Conduct the Review of Clinical Records (See Policy on Review of Clinical Records)
- How to Conduct the Review of Personnel Records (See Policy on Review of Personnel Records)
- How to Conduct a Case Tracer (See Case Tracer Instruction)
- How to Write a Statement of Deficiency (SOD) (See Policy on Writing a Statement of Deficiency)
- Policy for Reporting Fraud, Abuse, or Suspicious Activities (See Policy for Reporting Fraud & Abuse)
- Immediate Jeopardy (See Guide to Notifying an Immediate Jeopardy)
- Quality Assurance (QA) Committee
- Disclosure Statement and Affirmation of Confidentiality (See Policy on Conflicts of Interest)

I attest that this survey report has been submitted to AAAASF within two (2) business days of conducting the survey.

I understand that in case of dispute, the AAAASF Board of Directors has the right to revoke or deny my certification status as an AAAASF surveyor. Surveying for AAAASF is at will and may be discontinued by either party with or without notice. Any such decision by the AAAASF Board is final.

By checking this box, I attest that I meet the criteria to be an AAAASF surveyor and I submit this attestation regarding the survey conducted at this facility, as required by AAAASF.



## Immediate Jeopardy Reporting Template

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p><b>Noncompliance:</b> Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.</p>	Y/N	Enter comments here.
<p><b>Serious injury, serious harm, serious impairment or death:</b> Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	Y/N	Enter comments here.
<p><b>Need for Immediate Action:</b> Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?</p> <p>If yes, in the blank space, briefly explain why.</p>	Y/N	Enter comments here.

### CLINICAL RECORD REVIEW WORKSHEET

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED		
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I				
OPEN / CLOSED RECORD?	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C		
<b>15-D-1 &amp; 15-D-10</b> Written, appropriate plan of care established and periodically reviewed by physician, PT, or SLP.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-2</b> Significant past history.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-3</b> Current medical findings, if any.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-4</b> Diagnosis(es), if established.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-5</b> Physician's orders, if any.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-6</b> Rehabilitation goals, if determined.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								
<b>15-D-7</b> Contraindications, if any.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																								

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED	
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I			
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<b>15-D-8</b> Extent to which the patient is aware of diagnosis(es) and prognosis.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-9</b> Summary of treatment furnished and results achieved, if appropriate.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-11</b> Plan of care indicates anticipated goals.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-11</b> Specifies type of services to be provided.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-11</b> Specifies amount of services to be provided.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-11</b> Specifies frequency of services to be provided.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-11</b> Specifies duration of services to be provided.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<b>15-D-12</b> Plan of care and results of treatment reviewed by physician or individual who established the plan.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
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CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED	
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I			
OPEN / CLOSED RECORD?	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C	<input type="checkbox"/> O <input type="checkbox"/> C		
<a href="#">15-D-13</a> Changes in plan of care are noted and attending physician notified, if applicable.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-4</a> Assessment of the needs of the patient.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-4</a> Care and services furnished.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-5</a> Identification data.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-5</a> Consent forms.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-6</a> Medical history.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-7</a> Physical examination, if any.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
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<a href="#">15-J-8</a> Observations and progress notes.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
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CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED	
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I			
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<a href="#">15-J-9</a> Treatments and clinical findings.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							
<a href="#">15-J-10</a> Discharge summary including final diagnosis(es) and prognosis.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	# Deficient	Total Reviewed
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<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																							

## PERSONNEL RECORD REVIEW WORKSHEET

**Clinical personnel summary:**

# MD/DOs:Enter #; # PAs: Enter #; # RNs: Enter #; # LPNs/LVNs: Enter #; # MAs: Enter #; #/type other: Other

PERSONNEL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	<b>TOTAL DEFICIENT</b>	<b>TOTAL REVIEWED</b>
PERSONNEL INITIALS:	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID		
ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	# Deficient	Total Reviewed
<b>5-D-30</b> Emergency Preparedness - Initial training	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
<b>5-D-31</b> Emergency Preparedness - Training at least every two (2) years.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
<b>5-D-32</b> Emergency Preparedness – Contain documentation of all EP training. (May be included in EPP documentation or personnel files.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
<b>5-D-33</b> Emergency Preparedness – Documentation must demonstrate staff knowledge.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
<b>Comments:</b> Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
<b>5-D-34</b> Emergency Preparedness – Training on updated policies and procedures after significant updates to EPP.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
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PERSONNEL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED		
PERSONNEL INITIALS:	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID			
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<b>15-A-1 &amp; 15-B-3</b> All personnel are licensed or, if applicable, certified or registered to practice by the State & act within State-designated scope of practice. <i>See also: 15-A-2, 15-A-3, 15-A-5, 15-A-6, 15-A-7, 15-A-8, 15-A-9, 15-A-10, 15-A-11, 15-A-12, and 15-A-13 for specialty-specific requirements, as applicable.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	# Deficient	Total Reviewed	
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<b>15-A-4 &amp; 15-C-3</b> Qualified full-time administrator.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	# Deficient	Total Reviewed
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<b>15-C-6</b> Qualified alternate administrator.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	# Deficient	Total Reviewed
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## AAAASF OPT Standards [Version 3.0]

### SECTION 5: IN CASE OF EMERGENCY

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION D: Emergency Preparedness Plan</b>				
<b>5-D-1</b>	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.	485.727 Condition	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-2</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-3</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-4</b>	The plan must include strategies for addressing emergency events identified by the risk assessment.	485.727(a)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-5</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-6</b>	The plan must address the location and use of alarm systems and signals; and methods of containing fire.	485.727(a)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-7</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.



## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
5-D-8	The plan must be developed and maintained with assistance from fire, safety, and other appropriate experts.	485.727(a)(6) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-9	Policies and procedures: The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, and the communication plan in standard 5-D-21. The policies and procedures must be reviewed and updated at least every two (2) years.	485.727(b) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-11	At a minimum, the policies and procedures must address safe evacuation from the Provider/Supplier.	485.727(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-12	Safe evacuation from the Provider/Supplier must include consideration of care and treatment needs of evacuees.	485.727(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-13	Safe evacuation from the Provider/Supplier must include staff responsibilities.	485.727(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-17	At a minimum, the policies and procedures must address a means to shelter in place for patients, staff, and volunteers who remain in the Provider/Supplier.	485.727(b)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-18	At a minimum, the policies and procedures must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.	485.727(b)(3) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
5-D-19	At a minimum, the policies and procedures must address 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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-21	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-22	The communication plan must include names and contact information for Staff, Entities providing services under arrangement, Patients' physicians, Volunteers, and Other Provider/Suppliers within the same Medicare type.	485.727(c)(1) Standard 485.727(c)(1)(i) Standard 485.727(c)(1)(ii) Standard 485.727(c)(1)(iii) Standard 485.727(c)(1)(iv) Standard 485.727(c)(1)(v) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-23	The communication plan must include contact information for Federal, state, tribal, regional, and local emergency preparedness staff and Other sources of assistance.	485.727(c)(2) Standard 485.727(c)(2)(i) Standard 485.727(c)(2)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
5-D-24	The communication plan must include primary and alternate means for communicating with Provider/Supplier's staff and Federal, State, tribal, regional, and local emergency management agencies.	485.727(c)(3) Standard 485.727(c)(3)(i) Standard 485.727(c)(3)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-25	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-28	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-D-29	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 5-D-2, risk assessment in standard 5-D-3, policies and procedures in standard 5-D-9, and the communication plan in standard 5-D-21. The training and testing program must be reviewed and updated at least every two (2) years.	485.727(d) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-30</a>	The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.	485.727(d)(1)(i) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">5-D-31</a>	The training program must provide emergency preparedness training at least every two (2) years.	485.727(d)(1)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-32</a>	The training program must maintain documentation of all emergency preparedness training.	485.727(d)(1)(iii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-33</a>	The training program must demonstrate staff knowledge of emergency procedures.	485.727(d)(1)(iv) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-34</a>	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)(1)(v) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-35</a>	The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	485.727(d)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">5-D-36</a>	<p>The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or</p> <p>When a community based exercise is not accessible, conduct a facility-based functional exercise every two (2) years; or</p> <p>If the Provider/Supplier experiences an actual natural or man-made 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.</p>	<p>485.727(d)(2)(i) Standard</p> <p>485.727(d)(2)(i)(A) Standard</p> <p>485.727(d)(2)(i)(B) Standard</p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>5-D-37</b>	<p>The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise as required by standard 5-D-36 is conducted, that may include, but is not limited to the following:</p> <p>A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or</p> <p>B) A mock disaster drill; or</p> <p>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.</p>	<p>485.727(d)(2)(ii) Standard</p> <p>485.727(d)(2)(ii)(A) Standard</p> <p>485.727(d)(2)(ii)(B) Standard</p> <p>485.727(d)(2)(ii)(C) Standard</p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-D-38</b>	<p>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.</p>	<p>485.727(d)(2)(iii) Standard</p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION E: Emergency Preparedness Plan – Integrated Healthcare System</b>				
<b>5-E-1</b>	<p>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.</p>	<p>485.727(e) Standard</p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>5-E-2</b>	<p>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.</p>	<p>485.727(e)(1) Standard</p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
5-E-3	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-E-6	If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of standards 5-D-4, 5-D-5, 5-D-6, and 5-D-7.	485.727(e)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-E-7	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-E-8	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
5-E-9	If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in 5-D-9, a coordinated communication plan, and training and testing programs that meet the requirements in standards 5-D-21 and 5-D-29, respectively.	485.727(e)(5) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

# AAAASF OPT Standards [Version 3.0]

## SECTION 11: PERSONNEL

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION E: Facility Staffing</b>				
<b>11-E-6</b>	All qualified personnel practicing in an accredited organization must meet one of the following criteria: - PT - Physical Therapist - PTA - Physical Therapist Assistants - OT - Occupational Therapist - COTA - Certified Occupational Therapist Assistance - SLP - Speech Language Pathologist - SLPA - Speech Language Pathologist Assistant		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION J: Vaccination Status</b>				
<b>11-J-1</b>	<i>The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</i>	<i>485.725(f) Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-2</b>	<i>Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:</i>  <i>-Facility employees;</i>	<i>485.725(f)(1) Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>11-J-3</b>	<p><i>Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:</i></p> <p><i>-Licensed practitioners;</i></p>	485.725(f)(1)(ii) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-4</b>	<p><i>Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:</i></p> <p><i>-Students, trainees, and volunteers; and</i></p>	485.725(f)(1)(iii) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-5</b>	<p><i>Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:</i></p> <p><i>-Individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or by other arrangement.</i></p>	485.725(f)(1)(iv) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-6</b>	<p><i>The policies and procedures of this section do not apply to the following facility staff:</i></p> <p><i>Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with patients and other staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5; and</i></p>	485.725(f)(2)(i) <i>Standard</i>	Compliance Note – Not Scorable	Enter observations of non-compliance, comments or notes here.



## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>11-J-7</b>	<p><i>The policies and procedures of this section do not apply to the following facility staff:</i></p> <p><i>Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with patients and other staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5.</i></p>	<p><i>485.725(f)(2)(ii) Standard</i></p>	<p>Compliance Note – Not Scorable</p>	<p>Enter observations of non-compliance, comments or notes here.</p>
<b>11-J-8</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5 (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single dose COVID–19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID–19 vaccine, prior to staff providing any care, treatment, or other services for the facility and/or its patients;</i></p>	<p><i>485.725(f)(3)(i) Standard</i></p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Deficient</p>	<p>Enter observations of non-compliance, comments or notes here.</p>

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>11-J-9</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring that all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5 are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</i></p>	485.725(f)(3)(ii) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-10</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring that the facility follows nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID-19, and which must include the implementation of additional precautions for all staff who are not fully vaccinated for COVID-19;</i></p>	485.725(f)(3)(iii) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-11</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for tracking and securely documenting the COVID-19 vaccination status for all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5;</i></p>	485.725(f)(3)(iv) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>11-J-12</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</i></p>	485.725(f)(3)(iv) <i>Standard</i>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>11-J-13</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process by which staff may request an exemption from the staff COVID–19 vaccination requirements based on an applicable Federal law;</i></p>	<p><i>485.725(f)(3)(vi) Standard</i></p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<p>Enter observations of non-compliance, comments or notes here.</p>
<b>11-J-14</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID–19 vaccination requirements;</i></p>	<p><i>485.725(f)(3)(vii) Standard</i></p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<p>Enter observations of non-compliance, comments or notes here.</p>
<b>11-J-15</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID–19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</i></p> <p><i>All information specifying which of the authorized or licensed COVID–19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</i></p>	<p><i>485.725(f)(3)(viii) Standard</i></p> <p><i>485.725(f)(3)(viii)(A) Standard</i></p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<p>Enter observations of non-compliance, comments or notes here.</p>

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<p><b>11-J-16</b></p>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID–19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</i></p> <p><i>A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID–19 vaccination requirements for staff based on the recognized clinical contraindications;</i></p>	<p><i>485.725(f)(3)(viii)</i></p> <p><i>485.725(f)(3)(viii)(B) Standard</i></p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Deficient</p>	<p>Enter observations of non-compliance, comments or notes here.</p>
<p><b>11-J-17</b></p>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID–19, and individuals who received monoclonal antibodies or convalescent plasma for COVID–19 treatment; and</i></p>	<p><i>485.725(f)(3)(ix) Standard</i></p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Deficient</p>	<p>Enter observations of non-compliance, comments or notes here.</p>

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>11-J-18</b>	<p><i>The policies and procedures must include, at a minimum, the following components:</i></p> <p><i>Contingency plans for staff who are not fully vaccinated for COVID-19.</i></p>	<p><i>485.725(f)(3)(x) Standard</i></p>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<p>Enter observations of non-compliance, comments or notes here.</p>

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## AAAASF OPT Standards [Version 3.0]

### SECTION 15: OUTPATIENT PHYSICAL THERAPY (OPT)

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION A: Personnel Qualifications</b>				
<a href="#"><u>15-A-1</u></a>	Except as specified in paragraphs 15-A-2 through 15-A-13 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 Condition  485.705(a) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-A-2</u></a>	Federally defined qualifications must be met: For a physician, the qualifications and conditions as defined in <a href="#"><u>section 1861(r) of the Act</u></a> and the requirements in <a href="#"><u>42 CFR 484</u></a> .	485.705(b) Standard  485.705(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-A-3</u></a>	Federally defined qualifications must be met: For a speech-language pathologist, the qualifications specified in <a href="#"><u>section 1861(II)(1) of the Act</u></a> and the requirements in <a href="#"><u>42 CFR 484</u></a> .	485.705(b)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-A-4</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An administrator is a person who has a bachelor's degree and has experience or specialized training in the administration of health institutions or agencies; or is qualified and has experience in one of the professional health disciplines.	485.705(c) Standard 485.705(c)(1) Standard 485.705(c)(1)(i) Standard 485.705(c)(1)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-5</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An occupational therapist must meet the requirements in <a href="#">part 484 of this chapter</a> .	485.705(c)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-6</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An occupational therapy assistant must meet the requirements in <a href="#">42 CFR 484 of this chapter</a> .	485.705(c)(3) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-7</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physical therapist must meet the requirements in <a href="#">42 CFR 484 of this chapter</a> .	485.705(c)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-8</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physical therapist assistant must meet the requirements in <a href="#">42 CFR 484 of this chapter</a> .	485.705(c)(5) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-A-9</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A social worker must meet the requirements in <a href="#">42 CFR 484 of this chapter</a> .	485.705(c)(6) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-10</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A vocational specialist is a person who has a baccalaureate degree and two years' experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment agency, etc.; or 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 a master's degree in vocational counseling.	485.705(c)(7) Standard  485.705(c)(7)(i) Standard  485.705(c)(7)(ii) Standard  485.705(c)(7)(iii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.



## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-A-11</a>	<p>If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A nurse practitioner is a person who:</p> <p>1) must 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</p> <p>2) be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or</p> <p>3) 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</p> <p>4) 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 items 1 and 2 above; or</p> <p>5) 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 items 1 and 2 above.</p>	<p>485.705(c)(8) Standard</p> <p>485.705(c)(8)(i) Standard</p> <p>485.705(c)(8)(ii) Standard</p> <p>485.705(c)(8)(iii) Standard</p> <p>485.705(c)(8)(iv) Standard</p> <p>485.705(c)(8)(v) Standard</p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Deficient</p>	<p>Enter observations of non-compliance, comments or notes here.</p>

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-A-12</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A clinical nurse specialist is a person who must 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; have a master's degree in a defined clinical area of nursing from an accredited educational institution; and be certified as a clinical nurse specialist by the American Nurses Credentialing Center.	485.705(c)(9) Standard  485.705(c)(9)(i) Standard  485.705(c)(9)(ii) Standard  485.705(c)(9)(iii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-A-13</a>	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physician assistant is a person who has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and is licensed by the State to practice as a physician assistant.	485.705(c)(10) Standard  485.705(c)(10)(i) Standard  485.705(c)(10)(ii) Standard  485.705(c)(10)(iii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION B: Compliance with Federal, State, and Local Laws</b>				
<a href="#">15-B-1</a>	The organization and its staff are in compliance with all applicable Federal, State, and local laws and regulations.	485.707 Condition	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-B-2</a>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-B-3</a>	Staff of the organization are licensed or registered in accordance with applicable laws.	485.707(b) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION C: Administrative Management</b>				
<b>15-C-1</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-C-2</b>	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 and AAAASF. In the case of corporations, the names of the corporate officers are made known.	485.709(a) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-C-3</a>	The governing body appoints a qualified full-time administrator.	485.709(b) Standard  485.709(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-C-4</b>	The governing body delegates to the administrator the internal operation of the clinic or rehabilitation agency in accordance with written policies.	485.709(b)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-C-5</b>	The governing body defines clearly the administrator's responsibilities for procurement and direction of personnel.	485.709(b)(3) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-C-6</a>	The governing body designates a competent individual to act during temporary absence of the administrator.	485.709(b)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-C-7</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-C-8</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION D: Plan of Care and Physician Involvement</b>				
<a href="#">15-D-1</a>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-D-2</a>	The patient's significant past history is obtained by the organization before or at the time of initiation of treatment.	485.711(a) Standard 485.711(a)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>15-D-3</b>	Current medical findings, if any, are obtained by the organization before or at the time of initiation of treatment.	485.711(a)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-4</u></a>	Diagnosis(es), if established, are obtained by the organization before or at the time of initiation of treatment.	485.711(a)(3) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-5</u></a>	Physician's orders, if any, are obtained by the organization before or at the time of initiation of treatment.	485.711(a)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-6</u></a>	Rehabilitation goals, if determined, are obtained by the organization before or at the time of initiation of treatment.	485.711(a)(5) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-7</u></a>	Contraindications, if any, are obtained by the organization before or at the time of initiation of treatment.	485.711(a)(6) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-8</u></a>	The extent to which the patient is aware of the diagnosis(es) and prognosis is obtained by the organization before or at the time of initiation of treatment.	485.711(a)(7) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#"><u>15-D-9</u></a>	If appropriate, the summary of treatment furnished, and results achieved during previous periods of rehabilitation services or institutionalization is obtained by the organization before or at the time of initiation of treatment.	485.711(a)(8) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-D-10</a>	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) Standard 485.711(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-D-11</a>	The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the type, amount, frequency, and duration.	485.711(b)(2) Standard 485.711(b)(2)(i) Standard 485.711(b)(2)(ii) Standard 485.711(b)(2)(iii) Standard 485.711(b)(2)(iv) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-D-12</a>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-D-13</a>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-D-14</a>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION E: Physical Therapy Services</b>				
<b>15-E-1</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-E-2</b>	The organization is considered to have an adequate outpatient physical therapy program if it can provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity.	485.713(a) Standard  485.713(a)(1) Standard  485.713(a)(1)(i) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-E-3</b>	The organization is considered to have an adequate outpatient physical therapy program if it can conduct patient evaluations.	485.713(a)(1)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-E-4</b>	The organization is considered to have an adequate outpatient physical therapy program if it can administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.	485.713(a)(1)(iii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-E-5</b>	A qualified physical therapist is present or readily available to offer supervision when a physical therapist assistant furnishes services.	485.713(a)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-E-6</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-E-7	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 thirty (30) days.	485.713(a)(2)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-E-8	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-E-9	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-E-10	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION F: Occupational Therapy Services</b>				
15-F-1	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.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.



## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-F-2	The organization is considered to have an adequate outpatient occupational therapy program if it can provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-3	The organization is considered to have an adequate outpatient occupational therapy program if it can conduct patient evaluations.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-4	The organization is considered to have an adequate outpatient occupational therapy program if it can administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-5	A qualified occupational therapist is present or readily available to offer supervision when an occupational therapist assistant furnishes services.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-6	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.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-7	When a 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 thirty (30) days.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-F-8	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.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-9	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.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-F-10	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.		<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION G: Speech Pathology Services</b>				
15-G-1	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-G-2	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>15-G-3</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-G-4</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION H: Rehabilitation Program</b>				
<b>15-H-1</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-H-2</b>	The agency's therapy services are furnished by qualified individuals as direct services and/or services provided under contract.	485.717(a) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-H-3</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION I: Arrangements for Services to be Performed By Other Than Salaried Organization Personnel</b>				
<b>15-I-1</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-I-2</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-I-3</b>	The contract specifies the term of the contract and the manner of termination or renewal.	485.719(b) Standard  485.719(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-I-4</b>	The contract requires that personnel who furnish the services meet the requirements that are set forth in this subpart for salaried personnel.	485.719(b)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-I-5	The contract 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 only the provider may bill the beneficiary for covered services furnished under arrangements; and 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) Standard 485.719(b)(3)(i) Standard 485.719(b)(3)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION J: Clinical Records</b>				
15-J-1	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-J-2	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-J-3	The clinical record contains sufficient information to identify the patient clearly, to justify the diagnosis(es) and treatment, and to document the results accurately.	485.721(b) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-4</a>	All clinical records contain 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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<a href="#">15-J-5</a>	All clinical records contain identification data and consent forms.	485.721(b)(2) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-6</a>	All clinical records contain medical history.	485.721(b)(3) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-7</a>	All clinical records contain report of physical examinations, if any.	485.721(b)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-8</a>	All clinical records contain observations and progress notes.	485.721(b)(5) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-9</a>	All clinical records contain reports of treatments and clinical findings.	485.721(b)(6) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<a href="#">15-J-10</a>	All clinical records contain discharge summary including final diagnosis(es) and prognosis.	485.721(b)(7) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-J-11</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-J-12</b>	Clinical records are retained for at least the period determined by the respective State statute, or the statute of limitations in the State; or	485.721(d) Standard 485.721(d)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>15-J-13</b>	In the absence of a State statute, clinical records are retained for at least five years after the date of discharge; or 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) Standard  485.721(d)(2)(i) Standard  485.721(d)(2)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-J-14</b>	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	<input type="checkbox"/> Compliant <input checked="" type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-J-15</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION K: Physical Environment</b>				
<b>15-K-1</b>	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>15-K-2</b>	The facility must comply with all applicable State and local building, fire, and safety codes.	485.723(a) Standard  485.723(a)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-K-3	The facility must ensure that 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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-4	The facility must ensure that doorways, passageways and stairwells negotiated by patients are of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs).	485.723(a)(3) Standard  485.723(a)(3)(i) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-5	The facility must ensure that doorways, passageways and stairwells negotiated by patients are free from obstruction at all times.	485.723(a)(3)(ii) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-7	The facility must ensure that lights are placed at exits and in corridors used by patients and are supported by an emergency power source.	485.723(a)(4) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-8	The facility must ensure that a fire alarm system with local alarm capability and, where applicable, an emergency power source, is functional.	485.723(a)(5) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-9	The facility must ensure that at least two persons are on duty on the premises of the organization whenever a patient is being treated.	485.723(a)(6) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-10	The facility must ensure that no occupancies or activities undesirable or injurious to the health and safety of patients are located in the building.	485.723(a)(7) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.



## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-K-11	The organization establishes a written preventive-maintenance program to ensure that the equipment is operative, and is properly calibrated.	485.723(b) Standard 485.723(b)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-12	The organization establishes a written preventive-maintenance program to ensure that 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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-13	The organization provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.	485.723(c) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-14	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-15	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-K-16	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
<b>SUB-SECTION L: Infection Control</b>				
15-L-1	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-L-2	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-L-3	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-L-4	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) Standard  485.725(c)(1) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-L-5	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

## AAAASF OPT Standards [Version 3.0]

ID	Standard	CMS Ref	Score	Findings/Comments
15-L-6	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-L-7	The organization's premises are maintained free from insects and rodents through operation of a pest-control program.	485.725(e) Standard	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
<b>SUB-SECTION M: Program Evaluation</b>				
15-M-1	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-M-2	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
15-M-3	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	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.

# AAAASF OPT Standards [Version 3.0]

## GLOSSARY

**Adequate** is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

**Clinical Personnel** refers to 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. Including, but not limited to, physical therapist, physical therapist assistant, occupational therapist, occupational therapist assistant, speech-language pathologist, social worker, etc.

The **Clinic Administrator** is responsible for the internal operation of the facility in accordance with written policies. A qualified Clinic Administrator is designated by the facility's governing body.  
*[CMS §485.705(c)(1) and §485.709(b)]*

### **Clinic -**

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

- 1) The medical services are furnished by a group of three or more physicians practicing medicine together.
- 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 Condition]*

### **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 Condition]*

### **Organization-**

A clinic, rehabilitation agency, or public health agency.

*[485.703 Condition]*

### **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 Condition]*

# AAAASF OPT Standards [Version 3.0]

## GLOSSARY (cont.)

### **Rehabilitation agency -**

An agency that:

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

**[485.703 Condition]**

### **Supervision -**

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

- 1) Includes initial direction and periodic observation of the actual performance of the function or activity; and
- 2) Is furnished by a qualified person—
  - i. Whose sphere of competence encompasses the particular function or activity; and
  - 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 Condition]**

# AAAASF OPT Standards [Version 3.0]



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