



Final Accreditation Report

**Holmes County Hospital Corporation
2600 Hospital Drive
Bonifay, FL 32425**

**Organization Identification Number: 371637
Unannounced Full Event: 5/2/2022 - 5/13/2022**

**Program Surveyed
Critical Access Hospital**

The Joint Commission

Table of Contents

<u>Executive Summary</u>	<u>3</u>
<u>What's Next - Follow-up Activity</u>	<u>4</u>
<u>Critical Access Hospital</u>	<u>6</u>
• SAFER™ Matrix	6
• The Centers for Medicaid and Medicare Services (CMS) Summary	7
• Requirements for Improvement (RFI)	8
<u>Appendix</u>	<u>19</u>
• The Centers for Medicaid and Medicare Services (CMS) Conditions of Participation (CoP)	19
• Standards/Elements of Performance (EP) Language	21
• Report Section Descriptions	26
• Clarification Instructions	28

The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Critical Access Hospital	05/02/2022 - 05/04/2022, 05/12/2022 - 05/13/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

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What's Next - Follow-up Activity

Program: Critical Access Hospital

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	11	Low / Limited			✓
	12	Low / Limited			✓
	5	Moderate / Limited			✓
EC.02.03.03	3	Low / Limited	§485.623 (c)(1)(i)	C-0930	✓
EC.02.05.02	1	Moderate / Limited	§485.623 (b)(1)	C-0914	✓
	2	High / Limited	§485.623 (b)(1)	C-0914	✓
EC.02.05.07	4	Moderate / Limited	§485.625 (e)(2)	E-0041	✓
EC.02.05.09	12	Low / Limited			✓
EC.02.06.01	1	Low / Limited	§485.623 (a)	C-0912	✓
	26	Low / Limited	§485.623 (b)(1)	C-0914	✓
HR.01.01.01	1	High / Limited			✓
IC.01.01.01	2	High / Widespread			✓
IC.02.01.01	2	Moderate / Limited	§485.640 (a)(2)	C-1206	✓
LS.02.01.20	1	Low / Limited	§485.623 (c)(1)(i)	C-0930	✓
	14	Low / Limited	§485.623 (b)(4)	C-0924	✓

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Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Evidence of Standard Compliance (within 60 calendar days)
LS.02.01.34	5	Moderate / Limited	§485.623 (c)(1)(i)	C-0930	✓
LS.02.01.35	4	Low / Limited	§485.623 (c)(1)(i)	C-0930	✓
MS.08.01.01	3	Moderate / Widespread			✓
PC.03.01.03	1	High / Limited	§485.639 (b)(2)	C-1144	✓
PC.03.01.07	1	High / Limited	§485.639 (b)(3)	C-1144	✓
PI.02.01.01	2	Moderate / Limited			✓
RI.01.03.01	1	Low / Limited	§485.638 (a)(4)(i)	C-1110	✓

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SAFER™ Matrix
Program: Critical Access Hospital

Likelihood to harm a Patient / Visitor / Staff

ITL			
High	EC.02.05.02 EP 2 HR.01.01.01 EP 1 PC.03.01.03 EP 1 PC.03.01.07 EP 1		IC.01.01.01 EP 2
Moderate	EC.02.02.01 EP 5 EC.02.05.02 EP 1 EC.02.05.07 EP 4 IC.02.01.01 EP 2 LS.02.01.34 EP 5 PI.02.01.01 EP 2		MS.08.01.01 EP 3
Low	EC.02.02.01 EP 11 EC.02.02.01 EP 12 EC.02.03.03 EP 3 EC.02.05.09 EP 12 EC.02.06.01 EP 1 EC.02.06.01 EP 26 LS.02.01.20 EP 1 LS.02.01.20 EP 14 LS.02.01.35 EP 4 RI.01.03.01 EP 1		
	Limited	Pattern	Widespread
	Scope		

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The Centers for Medicaid and Medicare Services (CMS) Summary

Program: Critical Access Hospital

CoP(s)	Tag	CoP Score	Corresponds to:
§485.623	C-0910	Standard	CAH
§485.623(a)	C-0912	Standard	CAH/EC.02.06.01/EP1
§485.623(b)(1)	C-0914	Standard	CAH/EC.02.06.01/EP26 CAH/EC.02.05.02/EP1 CAH/EC.02.05.02/EP2
§485.623(b)(4)	C-0924	Standard	CAH/LS.02.01.20/EP14
§485.623(c)(1)(i)	C-0930	Standard	CAH/EC.02.03.03/EP3 CAH/LS.02.01.20/EP1 CAH/LS.02.01.34/EP5 CAH/LS.02.01.35/EP4
§485.625	E-0001	Standard	CAH
§485.625(e)(2)	E-0041	Standard	CAH/EC.02.05.07/EP4
§485.638	C-1100	Standard	CAH
§485.638(a)(4)(i)	C-1110	Standard	CAH/RI.01.03.01/EP1
§485.639	C-1140	Standard	CAH
§485.639(b)(2)	C-1144	Standard	CAH/PC.03.01.03/EP1
§485.639(b)(3)	C-1144	Standard	CAH/PC.03.01.07/EP1
§485.640	C-1200	Standard	CAH
§485.640(a)(2)	C-1206	Standard	CAH/IC.02.01.01/EP2

The Joint Commission Requirements for Improvement

Program: Critical Access Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.02.01	5	Moderate Limited	The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed that there is no accessible eye wash located in the emergency generator room. The emergency generator is equipped with unsealed lead acid batteries. Technicians check the batteries' electrolyte solution for specific gravity. The Director, Facilities Management verified this observation.		
EC.02.02.01	11	Low Limited	For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.	1) Observed in Document Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the document review the survey team observed that those signing Regulated Medical Waste Disposal Manifests did not meet Department of Transportation training requirements. A regulated medical waste generator shipping wastes off-site must comply with both the EPA training requirements for generators and DOTs requirements for training employees that handle hazardous materials. Training requirements are defined in the DOT Hazardous Materials Regulations at 49 CFR Part 172, Subpart H, and specify training requirements for general awareness/familiarization, function-specific training, and safety training. The training must occur within 90 days of employment for new employees, and be repeated every three years according to 49 CFR 172.704. This applies to staff that package and transport the hazardous container in the orgs facilities, and those that manage manifests. The Director Facilities Management verified this observation.		

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.02.01	12	Low Limited	The critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements. (See also IC.02.01.01, EP 6)	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed that the #2 fuel oil above ground storage tank was not labeled with a NFPA 704 (diamond) label. The Director Facilities Management verified this observation.		
EC.02.03.03	3	Low Limited	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the critical access hospital may use alternative methods to notify staff instead of activating audible alarms. Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.	1) Observed in Document Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the document review the survey team observed that the organization did not conduct fire drills at unexpected times and under varying conditions. The organization conducted fire drills for the night shift on March 30, 2021 at 0555 hours and conducted fire drills on June 29, 2021 at 0605 hours. Fire Drills should be conducted greater than one hour apart. The Director Facilities Management verified this observation.	§485.623(c)(1)(i)	Standard
EC.02.05.02	1	Moderate Limited	The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.	1) Observed in Document Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the document review the survey team observed that the organization did not identify an individual or team responsible for the oversight and implementation of the water management program, including but not limited to program development, management, and maintenance activities. The Maintenance Director verified this observation.	§485.623(b)(1)	Standard

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.02	2	High Limited	<p>The individual or team responsible for the water management program develops the following:</p> <ul style="list-style-type: none"> - A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points <p>Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.</p> <ul style="list-style-type: none"> - A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water) <p>Note: Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment.</p> <ul style="list-style-type: none"> - A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas) - An evaluation of the patient populations served to identify patients who are immunocompromised - Monitoring protocols and acceptable ranges for control measures <p>Note: Critical access hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range.</p>	1) Observed in Document Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the document review the survey team observed that the organization did not have a Water Management Plan. A water risk management plan is based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water). The Maintenance Director verified this observation.	§485.623(b)(1)	Standard

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.07	4	Moderate Limited	Every week, the critical access hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)	1) Observed in Document Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the document review the survey team observed that the organization did not document weekly emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections were not documented. The Director, Facilities Management verified this observation.	§485.625(e)(2)	Standard
EC.02.05.09	12	Low Limited	<p>The critical access hospital implements a policy on all cylinders within the critical access hospital that includes the following:</p> <ul style="list-style-type: none"> - Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2 - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder - Adaptors or conversion fittings are prohibited - Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease - Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F - Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F - Valve protection caps (if supplied) are secured in place when cylinder is not in use - Labeling empty cylinders - Prohibiting transfilling in any compartment with patient care <p>(For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)</p>	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During a tour of the ICU, an observation was made of a single oxygen cylinder stored in a rack holder in the hallway. There was no signage as to indicate empty. There was a single piece of tape on the handle of the rack holder that said "Respiratory". NFPA 99 requires only empty oxygen cylinders be identified and segregated from full cylinders. This finding was discussed with the ICU Nurse Manager. According to the ICU Nurse Manager, the cylinder belonged to the Respiratory Therapy Department and was going to be sent back to that department.		

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.06.01	1	Low Limited	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed a nurse call cord wrapped around a grab bar located in the bathroom of Patient Room 103. Technicians corrected this during survey. The Director Facilities Management verified this observation.	§485.623(a)	Standard
EC.02.06.01	26	Low Limited	The critical access hospital keeps furnishings and equipment safe and in good repair.	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed a chair in poor repair having torn upholstery located in the Emergency Department waiting room. The Director Facilities Management verified this observation.	§485.623(b)(1)	Standard
HR.01.01.01	1	High Limited	The critical access hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements. (See also IC.01.01.01, EP 3; PC.02.01.11, EP 4)	1) Observed in Infection Control System Tracer at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During a review of the IC Preventionist Job Description, the HCO had not defined the necessary qualifications specific to the job responsibilities for the IC Preventionist. The job description Position Title read: "Pharmacist/Pharmacy Director/Infection Control Practitioner. The Chief Administrative Officer was present at the Data Management/IC System Tracer where this discussion took place.		

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
IC.01.01.01	2	High Widespread	When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, they consult with someone who has such expertise in order to make knowledgeable decisions.	1) Observed in Infection Control System Tracer at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . The person with clinical authority over the Infection Control and Prevention Program is a pharmacist and recently appointed to be the IC Preventionist and has limited expertise overall in the hospital wide ICP Program. At the point of this survey, the ICP had not consulted with someone who has such expertise. The ICP stated he will contact an individual with this expertise. The Chief Administrative Officer was present during the discussion.		
IC.02.01.01	2	Moderate Limited	The critical access hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hicpac/recommendations/core-practices.html (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3)	1) Observed in Tracer Activities at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During a Unit Tour, an observation was made of 2 used PPE gowns and 1 soiled mask stored on the handrail outside the patient's room. The bottom of one of the used PPE gowns was touching the floor. This is not in compliance with the Infection Control Plan and was discussed with the Nurse Manager.	§485.640(a)(2)	Standard

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.20	1	Low Limited	<p>Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6)</p> <p>Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.</p>	<p>1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed a thumb latch installed on the Emergency Department sliding glass EXIT door. If electrical power is lost to this exit door, and the thumb latch is engaged, more than one action is required to open the door. Additionally, personnel attempting to unlock this latch must be aware of its locked position, and how to correctly rotate the latch in order to unlock the latch. Facilities Management verified this observation. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)</p>	§485.623(c)(1)(i)	Standard

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.20	14	Low Limited	Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed a gurney and a cart stored in the exit corridor near Hazardous Waste Room 718. Exits, exit accesses, and exit discharges (means of egress) must be clear of obstructions or impediments to the public way. This equipment was not in use. The Director Facilities Management verified this observation. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§485.623(b)(4)	Standard
LS.02.01.34	5	Moderate Limited	In existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed the Physician's on-call sleeping room lacked a smoke detector. In existing buildings, occupant notification must be provided automatically according to NFPA 101-2012: 9.6.3 by audible and visual signals. The Director, Facilities Management verified this observation. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§485.623(c)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.35	4	Low Limited	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)	1) Observed in Building Tour at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the building tour the survey team observed tubing lying on a sprinkler pipe and an insulated duct placed against the sprinkler pipe located above the ceiling near a storage room and hazardous waste room 718. Technicians corrected this item during survey. The Maintenance Director verified this observation. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§485.623(c)(1)(i)	Standard
MS.08.01.01	3	Moderate Widespread	The performance monitoring process is clearly defined and includes each of the following elements: - Criteria for conducting performance monitoring - Method for establishing a monitoring plan specific to the requested privilege - Method for determining the duration of performance monitoring - Circumstances under which monitoring by an external source is required	1) Observed in Credentialing and Privileging at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During the files review for C&P, an observation was made where the monitors/triggers were the same for OPPE and FPPE for all physicians and physician services. The performance monitoring process for OPPE and FPPE was not clearly identified and did not include 3 of the 4 requirements in the monitoring process. Those not included were: 1. Criteria for conducting performance monitoring, 2. a method for establishing a monitoring plan specific to the requested privilege and 3. a method for determining performing monitoring. The Chief Administrative Officer and the Medical Staff Secretary participated in the discussion with the surveyor.		
PC.03.01.03	1	High Limited	Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The critical access hospital conducts a pre-sedation or preanesthesia patient assessment. (See also PC.03.01.01, EP 9; RC.02.01.01, EP 2)	1) Observed in Record Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During closed record review of an ED patient that received moderate sedation, there was no documentation of airway assessment by the physician prior to administering moderate sedation. This is not in compliance with the Medical Staff Rules and Regs. The Chief Administrative Officer observed this finding.	§485.639(b)(2)	Standard

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				2) Observed in Record Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During a closed record review for moderate sedation, there was an observation of no documentation by the physician of an ASA classification. This finding was observed by the Chief Administrative Officer and is not in compliance with the HCO's Medical Staff Rules and Regs.	§485.639(b)(2)	Standard
PC.03.01.07	1	High Limited	The critical access hospital assesses the patient's physiological status immediately after the operative or other high-risk procedure and/or as the patient recovers from moderate or deep sedation or anesthesia. (See also RC.02.01.03, EP 8)	1) Observed in Record Review at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During closed record review of an ED patient that received moderate sedation, there was no immediate post procedure note documented. This is not in compliance with the HCO's Medical Staff Rules and Regs. This finding was discussed with the Chief Administrative Officer.	§485.639(b)(3)	Standard
PI.02.01.01	2	Moderate Limited	Leadership reviews the plan for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.	1) Observed in Data Session at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During review of the PI Plan, an observation was made of no documentation of an annual review of the PI Plan by leadership that addressed PI priorities and updates to reflect any changes in strategic priorities in response to internal and external environment. The lack of a documented annual PI evaluation was discussed with the Chief Administrative Officer.		

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Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
RI.01.03.01	1	Low Limited	<p>The critical access hospital follows a written policy on informed consent that describes the following:</p> <ul style="list-style-type: none"> - The specific care, treatment, and services that require informed consent - Circumstances that would allow for exceptions to obtaining informed consent - The process used to obtain informed consent - How informed consent is documented in the patient record <p>Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.</p> <ul style="list-style-type: none"> - When a surrogate decision-maker may give informed consent (See also RI.01.02.01, EP 2) 	<p>1) Observed in Individual Tracer at Holmes County Hospital Corp dba Doctors Memorial Hospital (2600 Hospital Drive, Bonifay, FL) site . During tracer activities in the ICU, an observation was made where there was lack of documentation for informed consent for a central line placement. According to the nurse manager, informed consent had been given verbally by the patient's daughter since the situation was emergent. The documentation in the patient's medical record said, "Informed consent obtained". According to the Medical Staff Bylaws, when informed consent is given for someone who is unconscious, the circumstances should be fully explained in the patient's medical record.</p>	§485.638(a)(4)(i)	Standard

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Appendix

Conditions of Participation Text

Program: Critical Access Hospital

CoP	Tag	CoP Standard text
§485.623 Physical Plant and Environment	C-0910	§485.623 Condition of Participation: Physical Plant and Environment
§485.623(a) Construction	C-0912	§485.623(a) Standard: Construction The CAH is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of services.
§485.623(b)(1) Maintenance	C-0914	(1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition;
§485.623(b)(4) Maintenance	C-0924	(4) The premises are clean and orderly; and
§485.623(c)(1)(i) Life Safety From Fire	C-0930	(i) The CAH must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.)
§485.638 Clinical Records	C-1100	§485.638 Condition of Participation: Clinical Records
§485.638(a)(4)(i) Records System	C-1110	(i) Identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
§485.639 Surgical Services	C-1140	§485.639 Condition of Participation: Surgical Services. If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section.
§485.639(b)(2) Anesthetic Risk and Evaluation	C-1144	(2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia.
§485.639(b)(3) Anesthetic Risk and Evaluation	C-1144	(3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.
§485.625 Establishment of the Emergency Program (EP)	E-0001	§485.625 Condition of Participation: Emergency Preparedness The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness plan must include, but not be limited to, the following elements:
§485.625(e)(2) Hospital CAH and LTC Emergency Power	E-0041	(2) Emergency generator inspection and testing. The CAH must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code.

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CoP	Tag	CoP Standard text
§485.640 Infection Prevention and Control and Antibiotic Stewardship Programs	C-1200	<p>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</p> <p>The CAH must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.</p>
§485.640(a)(2) Infection prevention and control program organization and policies	C-1206	<p>(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings;</p>

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Appendix

Standard and EP Text

Program: Critical Access Hospital

Standard	EP	Standard Text	EP & Addendum Text
EC.02.02.01	5	The critical access hospital manages risks related to hazardous materials and waste.	The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.02.01	11	The critical access hospital manages risks related to hazardous materials and waste.	For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.
EC.02.02.01	12	The critical access hospital manages risks related to hazardous materials and waste.	The critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements. (See also IC.02.01.01, EP 6)
EC.02.03.03	3	The critical access hospital conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the critical access hospital may use alternative methods to notify staff instead of activating audible alarms. Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.
EC.02.05.02	1	The critical access hospital has a water management program that addresses Legionella and other waterborne pathogens. Note: The water management program is in accordance with law and regulation.	The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.
EC.02.05.02	2	The critical access hospital has a water management program that addresses Legionella and other waterborne pathogens. Note: The water management program is in accordance with law and regulation.	The individual or team responsible for the water management program develops the following: - A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth. - A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)</p> <p>Note: Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment.</p> <ul style="list-style-type: none"> - A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas) - An evaluation of the patient populations served to identify patients who are immunocompromised - Monitoring protocols and acceptable ranges for control measures <p>Note: Critical access hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range.</p>
EC.02.05.07	4	<p>The critical access hospital inspects, tests, and maintains emergency power systems.</p> <p>Note: This standard does not require critical access hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.</p>	<p>Every week, the critical access hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)</p>
EC.02.05.09	12	<p>The critical access hospital inspects, tests, and maintains medical gas and vacuum systems.</p> <p>Note: This standard does not require critical access hospitals to have the medical gas and vacuum systems discussed below. However, if a critical access hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.</p>	<p>The critical access hospital implements a policy on all cylinders within the critical access hospital that includes the following:</p> <ul style="list-style-type: none"> - Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2 - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder - Adaptors or conversion fittings are prohibited - Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease - Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F - Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F - Valve protection caps (if supplied) are secured in place when cylinder is not in use - Labeling empty cylinders - Prohibiting transfilling in any compartment with patient care <p>(For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)</p>

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
EC.02.06.01	1	The critical access hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
EC.02.06.01	26	The critical access hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	The critical access hospital keeps furnishings and equipment safe and in good repair.
HR.01.01.01	1	The critical access hospital defines and verifies staff qualifications.	The critical access hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements. (See also IC.01.01.01, EP 3; PC.02.01.11, EP 4)
IC.01.01.01	2	The critical access hospital identifies the individual(s) responsible for the infection prevention and control program.	When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, they consult with someone who has such expertise in order to make knowledgeable decisions.
IC.02.01.01	2	The critical access hospital implements its infection prevention and control plan.	The critical access hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hicpac/recommendations/core-practices.html (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3)
LS.02.01.20	1	The critical access hospital maintains the integrity of the means of egress.	Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.
LS.02.01.20	14	The critical access hospital maintains the integrity of the means of egress.	Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))
LS.02.01.34	5	The critical access hospital provides and maintains fire alarm systems.	In existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))
LS.02.01.35	4	The critical access hospital provides and maintains systems for extinguishing fires.	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)
MS.08.01.01	3	The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.	The performance monitoring process is clearly defined and includes each of the following elements: - Criteria for conducting performance monitoring - Method for establishing a monitoring plan specific to the requested privilege - Method for determining the duration of performance monitoring - Circumstances under which monitoring by an external source is required
PC.03.01.03	1	The critical access hospital provides the patient with care before initiating	Before operative or other high-risk procedures are initiated, or before

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
		operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.	moderate or deep sedation or anesthesia is administered: The critical access hospital conducts a presedation or preanesthesia patient assessment. (See also PC.03.01.01, EP 9; RC.02.01.01, EP 2)
PC.03.01.07	1	The critical access hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.	The critical access hospital assesses the patient's physiological status immediately after the operative or other high-risk procedure and/or as the patient recovers from moderate or deep sedation or anesthesia. (See also RC.02.01.03, EP 8)
PI.02.01.01	2	The critical access hospital has a performance improvement plan.	Leadership reviews the plan for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.
RI.01.03.01	1	The critical access hospital honors the patient's right to give or withhold informed consent.	<p>The critical access hospital follows a written policy on informed consent that describes the following:</p> <ul style="list-style-type: none"> - The specific care, treatment, and services that require informed consent - Circumstances that would allow for exceptions to obtaining informed consent - The process used to obtain informed consent - How informed consent is documented in the patient record <p>Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.</p> <ul style="list-style-type: none"> - When a surrogate decision-maker may give informed consent (See also RI.01.02.01, EP 2)

The Joint Commission

Appendix

Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

The Joint Commission

Appendix

Report Section Information

CMS Summary Description

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

The Joint Commission

Appendix

Report Section Information

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.