DEPARTMENT OF HEALTH

Critical Access Hospital Medicare Survey Preparation Tool

UPDATED 2024

Survey Preparation Recommendations

1. **Create a survey team within your hospital**. The team should be responsible for gathering necessary and preferred documentation, keeping it current, working with department managers and other staff to ensure everyone understands their role in the survey process, and checking for compliance on a regular basis.
2. **Compile survey documents**. Have a folder ready with the following documents, be sure to keep them updated:

- List of inpatients – name, room number, diagnoses, admission date, age, attending physician.
- List of Physicians / mid-levels (PA-C, NPC).
- List of employees.
- Copy of organizational chart.
- List of Department Heads (include location and phone numbers).
- List of contracted services.
- List of services provided directly by CAH.
- Medical By-laws and regulations.
- Infection Prevention plan.
- Copy of floor plan – location of pt care and treatment areas.
- Name and address of all off-site locations under same provider number.
- Copy of approved QAPI plan.
- Governing body meeting minutes for past 12 months.
- Medical staff meeting minutes for the past 12 months.
- Copy of network agreement; telemedicine and tele radiology if applicable.

- Annual program evaluation.
- On call schedules, including MD, DO, mid-levels, lab, x-ray and etc., for the past 3 months.
- Advanced directive information.
- Variance reports for the past 6 months.
- Computerized register/listing for inpatient admissions, inpatient/outpatient surgeries, emergency room log, and observation admissions from _____date to _____ date.
- Admission material provided to acute patients and swing bed patients.
- Committee meeting minutes for the past 12 months. (P&T, Safety, Infection Prevention)
- Request Policy: Requirements for screening for eligibility for health coverage or assistance. (Should include the following elements: Screening for Eligibility for Health Care Coverage, charity care and collection of medical debt for uninsured) patients

3. **Policy documentation and processes.** The Conditions of Participation frequently refer to the process taken to review (and revise, as necessary) all patient care policies. Although each department should be responsible for the review of their policies, it is important to have a written explanation of how the group is involved in this process. Both a description of the process and evidence of this group's involvement must be available for a surveyor's review.
4. **Environmental Walk-through.** The surveyors will be making observations of the environment and will be interviewing as well. These observations often lead to further policy review. One of the functions of your survey team should be to periodically conduct a walk-through, observing as a surveyor. The following checklist provides a good starting point for conducting your own walk-through:
    a. Locks: Are all areas that should be locked secure? Who has access to locked areas? Where are keys kept? Who knows codes to cipher locks? How often are codes changed?
    b. Are expiration dates on ALL supplies?
    c. Are boxes and other items off the floor?
    d. Pretend to be a confused visitor or patient; what can you find? (Open doors with no one around? Chemicals? Drugs? Information on your neighbor? Things to trip on or to purposely hurt oneself with?)
    e. Signage: Enter the building from ALL doors possible. Is there appropriate signage directing those who enter?
5. **Review the State Operations Manual, Tasks 1 – 6**:
    a. Off-Site Survey Preparation
    b. Entrance Activities

c. Information Gathering/ Investigation

d. Preliminary Decision Making and Analysis of Findings

e. Exit Conference

f. Post-Survey Activities

Conditions of Participation Guidance

The following table draws on the current CAH Interpretive Guidelines as printed in the CMS State Operations Manual, Appendix W (Rev. 200, 02-21-20).

- State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf

This is meant to serve as a tool for CAH staff to use for understanding and preparing for the CAH Medicare survey. The table is divided into four columns:

- **Condition of Participation:** This is the actual regulation. The Interpretive Guidelines list the regulations in a two-tiered hierarchy. The Condition of Participation is the higher overall regulation. Most Conditions of Participation are divided with more detail with the second-level Standard. Both the Conditions of Participation and the Standard must be met. The table includes a column for the Condition of Participation. The Standard, though not stated, is usually discussed in the Notes column.
- **TAG:** This is the reference number range for a specific Condition of Participation.
  - In 2020 CMS made revisions that effected the tag numbering system. The table includes a crosswalk between the old and new tag numbers.
- **Description and notes:** This is a general description of the regulation and each of its subparts. It includes comments and tips for how to demonstrate compliance with the Conditions of Participation. Refer to the full Interpretive Guidelines for definitions and more explanation of all regulations.
- **CAH survey preparation notes:** This column is intended for CAH use during survey preparation.

Appendix W. Conditions of Participation Preparation Tool

§ 485.601 Basis and scope.

Old TAG	New TAG	§ 485.601 Basis and scope.	CAH survey preparation notes
NA	C0800	**Overview.** This subpart is based on section 1820 of the Act which sets the conditions a hospital must meet to be designated as a CAH.	

§ 485.603 Rural health network.

Old TAG	New TAG	§ 485.603 Rural health network.	CAH survey preparation notes
NA	C0802	**Overview.** This section defines a rural health network and provides specifications of the parties that should comprise a rural health work. Parties include: ▪ At least one hospital that the State has designated or plans to designate as a CAH. ▪ At least one hospital that furnishes acute care services. The members of the organization have entered into agreements regarding: ▪ Patient referral and transfer. ▪ The development and use of communications systems, including, where feasible, telemetry and systems for electronic sharing of patient data; and ▪ The provision of emergency and nonemergency transportation among members.	

Old TAG	New TAG	§ 485.603 Rural health network.	CAH survey preparation notes
		Each CAH has an agreement with respect to credentialing and quality assurance with at least— ▪ One hospital that is a member of the network when applicable. ▪ One QIO or equivalent entity; or one other appropriate and qualified entity identified in the State rural health care plan.	

§ 485.604 Personnel qualifications.

Old TAG	New TAG	§ 485.604 Personnel qualifications.	CAH survey preparation notes
NA	C0804	**Personnel Qualifications Overview**. This section defines staff qualifications for providing services in a CAH. ▪ Clinical nurse specialist ▪ Nurse practitioner ▪ Physician assistant	

§ 485.606 Designation and certification of CAHs.

Old TAG	New TAG	§ 485.606 Designation and certification of CAHs.	CAH survey preparation notes
NA	C0808	The State designates a facility as a CAH if they have an established a Medicare Rural Hospital Flexibility Program and the facility meets CAH COP guidelines. CMS certifies a facility as a CAH if the facility was surveyed by the State or CMS and met requirements. For questions on the Flex Program, contact: Health.Flex@state.mn.us.	

§ 485.608 Condition of participation: Compliance with Federal, State, and local laws and regulations.

Old TAG	New TAG	§ 485.608 Condition of participation: Compliance with Federal, State, and local laws and regulations.	CAH survey preparation notes
C0150 – 0154	C0810	**Overview**. This section verifies the hospital is licensed and employs appropriately licensed and certified personnel. Surveyors are required to note noncompliance with federal laws and regulations (such as EMTALA, blood borne pathogens, universal precautions, disposal of medical waste, occupational health) and refer to the appropriate agency.	
C0150 – 0154	C0812	**Advance Directives**: CAH must provide written notice of its policies regarding the implementation of patients' rights to make decisions concerning medical care. Surveyors will assess the following required disclosures to patients: ▪ Whether the CAH is physician owned ▪ If there is no physician on site 24 hours per day	
C0150 – 0154	C0814	**(b) Compliance with state and local laws and regulations**. State-specific mandated policies and procedures should be in place describing how physicians delegate responsibility to nurse practitioners, clinical nurse specialists and physician assistants. See C0804 for personnel qualifications.	
C0150 – 0154	C0812	**(a) Compliance with Federal laws and regulations related to the health and safety of patients**. Surveyors will review notices and policies for advanced directives and related staff and patient education, review samples of patient records for evidence of the CAHs compliance with policies, and the processes the CAH has for patients to formulate or update their advance directives.	

Old TAG	New TAG	§ 485.608 Condition of participation: Compliance with Federal, State, and local laws and regulations.	CAH survey preparation notes
C0150 – 0154	C0816	**(c) Licensure of CAH**. If the hospital is new or re-opening after being closed, it must first be licensed and certified as a Medicare provider.	
C0150 – 0154	C0818	**(d) Licensure, certification, or registration of personnel.** The state requires all staff to be licensed (e.g., nurses, physicians, physician assistants, dieticians, radiology technicians, respiratory therapists). Staff must, at minimum, have current license or certification, possess minimum qualifications, and meet training and education requirements.	

§ 485.610 Condition of participation: Status and location.

Old TAG	New TAG	§ 485.610 Condition of participation: Status and location.	CAH survey preparation notes
C160-168	C0822	**Overview**. Hospitals are eligible for CAH conversion based on their Necessary Provider, location, and current Medicare status. Compliance must be recertified at every survey (see C-0826). CAHs must meet location requirements at the time of initial survey and reconfirm at each following recertification. CAHs that relocate will reassess eligibility.	
C160-168	C0824	**(a) Standard status**. Surveyors will confirm that the CAH meets basic requirements.	
C160-168	C0826	**(b) Location in a Rural Area or Treatment as Rural.** Only the CMS RO determines if a CAH application meets rural location requirements. The State may make an informal assessment. CAHs must meet the requirements described in (1) OR (2) below:	

Old TAG	New TAG	§ 485.610 Condition of participation: Status and location.	CAH survey preparation notes
		1. Is located outside of a metropolitan statistical area, not deemed to be located in an urban area, and has not been classified as an urban CAH. 6. The CAH is located within a metropolitan statistical area, but is being treated as being located in a rural area in accordance with 42 CFR 412.103. *Note: Refer to the full Interpretive Guidelines for definitions and more explanation.*	
C160-168	C0830	**(c) Location Relative to Other Facilities or Necessary Provider Certification**. The CAH is located more than a 35-mile drive (or in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from a hospital or another CAH, or a state certifies the CAH as being a necessary provider of health care services to residents in the area. After January 1, 2006, the necessary provider waiver is no longer applicable. **CAHs designated as necessary providers prior to January 1, 2006, will retain the necessary provider waiver issued by the state.**	
C160-168	C0832	**(d) Relocation of CAHs with necessary provider designation.** CAHs designated as necessary provider prior to January 1, 2006, that relocate must meet the following requirements to retain necessary provider and CAH status. The CAH must demonstrate that at the new location the CAH will: ▪ Serve at least 75 percent of the same service area that it served prior to its relocation; ▪ Provide at least 75 percent of the same services that it provided prior to the relocation; and ▪ Be staffed by 75 percent of the same staff (including medical staff, contracted staff and employees) as the original location.	

Old TAG	New TAG	§ 485.610 Condition of participation: Status and location.	CAH survey preparation notes
		Renovation or expansion of the existing building is not considered relocation. New construction, replacement facilities or situations where the CAHs address will change are considered relocation and CMS will verify the necessary provider requirements. *Note: Prior to relocation contact the Office of Rural Health at Health.Flex@state.mn.us for attestations of rural and/or necessary provider status.*	
C160-168	C0834-0836	**(d) Off-campus and co-location requirements for CAHs.** A CAH may not be co-located with another hospital or CAH, unless exempted prior to January 1, 2006. If a CAH operates an off-campus provider-based facility or off-campus rehabilitation or psychiatric DPU, then the off-campus facility must meet the distance requirement at 42 CFR-485.610 (c), unless exempted prior to January 1, 2008.	

§ 485.612 Condition of participation: Compliance with hospital requirements at the time of application.

Old TAG	New TAG	§ 485.612 Condition of participation: Compliance with hospital requirements at the time of application.	CAH survey preparation notes
C170	C0840	**Overview**: Compliance with CAH requirements at the time of application. This applies to initial surveys. The hospital must be a Medicare provider at the time of CAH application and must adhere to Medicare CoPs for acute care hospitals until certified as a CAH.	

§ 485.614 Condition of participation: Patient's rights.

Old TAG	New TAG	§ 485.614 Condition of participation: Patient's Rights.	CAH survey preparation notes
	2500	**Overview**: A CAH must protect and promote each patient's rights.	
	2502 - 2507	**(a) Notice of Rights**. A hospital must inform each patient or the patient's representative of the patient's rights prior to providing or discontinuing care. **2504 – 2507 Grievances**. The hospital must have a process for resolution of patient grievances and inform each patient whom to contact to file a grievance. The hospital's governing body must approve and is responsible for the effective operation of the grievance process, and must review and resolve grievances unless it delegates the responsibility to a grievance committee. The process must include a mechanism for timely referral of patient concerns about quality of care or premature discharge to the appropriate utilization and quality control quality improvement organization. The hospital must provide the patient with written notice of its decision. This must contact the name of the hospital contact person, the steps taken to investigate the grievance, the results of the grievance process and the date of completion.	
	2510 - 2517	**(b) Exercise of rights**. The patient has the right to participate in the development and implementation of their care plan and make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §§ 489.100, 489.102, and 489.104 of this chapter. The patient has the right to have a family member or	

Old TAG	New TAG	§ 485.614 Condition of participation: Patient's Rights.	CAH survey preparation notes
		representative of their choice and their own physician notified promptly of their admission to the hospital.	
	2520-2525	**(c) Privacy and safety**. The patient has the right to personal privacy, the right to receive care in a safe setting, and the right to be free from all forms of abuse or harassment.	
	2530 - 2533	**(d) Confidentiality of patient records**. The patient has the right to the confidentiality of their clinical records. The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form when such medical records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.	
	2540 - 2577	**(e) Restraint or seclusion**. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time. ▪ A restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's	

Old TAG	New TAG	§ 485.614 Condition of participation: Patient's Rights.	CAH survey preparation notes
		behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. ▪ A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). ▪ Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient a staff member or others from harm. The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm. The CAH must have written policies and procedures regarding the use of restraint and seclusion that are consistent with current standards of practice. **2553 Staff training requirements.** The patient has the right to safe implementation of restraint or seclusion by trained staff. The CAH must provide patient-centered, trauma informed competency- based training and education of CAH personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the CAH, on the use of restraint and seclusion. The training must include alternatives to the use of restraint/seclusion.	

Old TAG	New TAG	§ 485.614 Condition of participation: Patient's Rights.	CAH survey preparation notes
		2570 Death reporting requirements. Hospitals must report deaths associated with the use of seclusion or restraint. *Note: View the full Code of Federal Regulations for details on the specific death reporting requirements.*	

§ 485.616 Condition of participation: Agreements.

Old TAG	New TAG	§ 485.616 Condition of participation: Agreements.	CAH survey preparation notes
C190-197	C0860 – 0870	**Overview**. Each state's Rural Health Plan dictated how this section has been implemented. In Minnesota, each CAH is required to enter into a Network Agreement with a tertiary care hospital. Network agreements must address patient referral and transfer, development and use of a mode of communication, the provision of emergency and non-emergency transportation, and credentialing and quality assurance. Surveyors are likely to request copies of agreements for emergency and nonemergency transportation, communications systems (as well as communication system policies and procedures), peer review, credentialing or quality assurance. As with any contract, be sure these are reviewed and updated periodically.	
C190-197	C0872 – 0874	**(c) Agreements for credentialing and privileging of telemedicine physicians and practitioners**. When telemedicine services are furnished through an agreement with a distant-site hospital, the agreement is in writing and specifies that it's the responsibility of the governing body of the distant-site hospital to meet the requirements with regard to its physicians or practitioners providing telemedicine services.	

Old TAG	New TAG	§ 485.616 Condition of participation: Agreements.	CAH survey preparation notes
		The surveyors may ask to see the agreement and documentation that privileges were granted to each telemedicine provider. *Note: Refer to the full Interpretive Guidelines for definitions and more explanation.*	

§ 485.618 Condition of participation: Emergency services.

Old TAG	New TAG	§ 485.618 Condition of participation: Emergency services.	CAH survey preparation notes
C200 – 209	C0880	**Overview**. This section stipulates the CAH meets the emergency needs of patients in accordance with acceptable standards of practice. Respiratory therapy services are included in this section. **Provide the following documents:** 1. Policies and procedures a. Emergency response services (code, trauma code, etc.) b. Triage c. Care of the emotionally ill, under the influence of drugs or alcohol, DOA d. Midlevel's admitting to the CAH e. Qualifications of staff including providers to work in the ED f. Security of medications, supplies and crash carts g. Response time for providers (if not in house 24/7) h. Coordination with Emergency Response Systems	

Old TAG	New TAG	§ 485.618 Condition of participation: Emergency services.	CAH survey preparation notes
		i. Review of ED policies (frequency and who is included in the review) 2. Mandatory ED staff training and/or certifications 3. List of patients who were in restraints (last 12 months) 4. List of patients who expired in the ED (last 12 months) 5. QAPI for Emergency Department and Ambulance services	
C200 – 209	C0882	**Availability**. The CAH must provide emergency services 24 hours a day. A practitioner with training and experience in emergency care must be on call and immediately available by telephone or radio, and available on site within 30 minutes (or 1 hour in frontier areas).	
C200 – 209	C0884 – 0888	**Equipment, supplies and medication**. The CAH should have policies and procedures addressing the availability, storage and proper use and disposal of required and necessary equipment, supplies and medications used in treating emergency cases. Surveyors are likely to inspect the emergency room for general emergency equipment such as crash carts, intubation equipment, defibrillators, suction, and oxygen. They will look for evidence that everything is in working order with no expiration dates and that documentation exists that it has been checked and maintained in a manner consistent with current standards.	
C200 – 209	C0890 – 0892	**Blood and blood products**. The CAH must provide blood or blood products on an emergency basis. CAHs are not required to store blood on site. Policies and procedures should address availability, agreements or arrangements with suppliers, etc. If blood collection and testing is performed on site, the CAH must have a CLIA certificate, FDA registration, and the appropriate policies and procedures. CAHs should demonstrate	

Old TAG	New TAG	§ 485.618 Condition of participation: Emergency services.	CAH survey preparation notes
		evidence that the blood bank is under the control and supervision of a pathologist or other qualified MD/DO.	
C200 – 209	C0894	**Personnel**. The practitioner (MD, DO, PA, NP, or CNS with training or experience in emergency care) on call must be available immediately by phone and able to be on site within 30 minutes (or one hour in frontier areas). An RN with training and experience can be utilized to conduct MSE if the RN is on site and immediately available and the nature of the patient's request for medical care is within the scope of practice of the RN and consistent with applicable State laws and CAH's bylaws or rules and regulations. **Provide the following**: ▪ Provider (MD, PA, NP) ED schedule for the current and last 3 months ▪ Staffing schedule for ED (licensed nurses) current and last 3 months	
C200 – 209	C0898	**Coordination with emergency response systems**. CAHs should provide documentation regarding the local ambulance service and its relationship (ownership or contracted) with the CAH. Surveyors are likely to look at the hospital's policies and procedures in place to ensure that an MD or DO is available by telephone or radio, on a 24-hour a day basis to receive emergency calls and provide medical direction in emergency situations. **Provide the following:** ▪ Emergency Department logbook	

§ 485.620 Condition of participation: Number of beds and length of stay.

Old TAG	New TAG	§ 485.620 Condition of participation: Number of beds and length of stay.	CAH survey preparation notes
C210-212	C0900	**Number of Beds and Length of Stay**. CAHs are held to a maximum of 25 inpatient beds that can be used for inpatient acute care or swing bed services. The statute also requires CAHs to limit inpatient acute care to 96 hours per patient (annual basis). **Provide the following**: 1. Total number of inpatient beds (this would include Swing Bed) _____ 2. Does the CAH have a psychiatric distinct part unit (DPU) _____ # of beds at DPU _____ 3. Does the CAH have rehabilitation DPU _____ # of beds at DPU __ 4. Total number of observation beds _____ 5. Daily census list identifying those patients in observation status 6. Policy and procedure documents for the governing use of observation services and clinical criteria for admission to observation	
C210-212	C0902	**Number of Beds**. CAHs are permitted to operate a 10-bed psychiatric distinct part unit (DPU) and a 10-bed rehabilitation DPU without counting these beds toward the 25-bed inpatient limit. CAHs that were larger hospitals prior to converting to CAH status may not maintain more than 25 inpatient beds, plus a maximum of 10 psychiatric DPU inpatient beds, and 10 rehabilitation DPU inpatient beds. **Beds Used for Observation Services**. Observation beds are not included in the 25-bed maximum as long as they are never used for inpatient stays at any time, nor are they included in the calculation of the average annual acute care patient length of stay. This makes it essential for surveyors to	

Old TAG	New TAG	§ 485.620 Condition of participation: Number of beds and length of stay.	CAH survey preparation notes
		determine that CAHs with observation beds are using them appropriately, and not as a means to circumvent the CAH size and length-of-stay limits. Observation care is a well-defined set of specific, clinically appropriate services that include ongoing short-term treatment, assessment and reassessment, that are provided before a decision can be made regarding whether a patient will require further treatment as an inpatient, or may be safely discharged. Policies and procedures should clearly describe when a patient is eligible for observation status. Procedures should also describe the process by which a patient is transferred to and from observation status. Observation services BEGIN and END with an order by a physician or other qualified licensed practitioner of the CAH. Other types of beds that do not count toward the 25 inpatient bed limit: ▪ Examination or procedure tables ▪ Stretchers ▪ Operating room tables ▪ Beds in a surgical recovery room used exclusively for surgical patients during recovery from anesthesia ▪ Beds in an obstetric delivery room used exclusively for OB patients in active labor and delivery of newborn infants (do count beds in birthing rooms where the patient remains after giving birth) ▪ Newborn bassinets and isolettes used for well-baby boarders; however, if the baby is held for treatment at the CAH, his or her bassinet or isolette does count toward the 15-bed limit. ▪ Stretchers in emergency departments and	

Old TAG	New TAG	§ 485.620 Condition of participation: Number of beds and length of stay.	CAH survey preparation notes
		▪ Inpatient beds in Medicare-certified distinct part rehabilitation or psychiatric units. **Beds Used for Hospice Services**. Beds can be dedicated to a hospice under arrangement, but the beds do count as part of the maximum bed count. The computation contributing to the 96-hour annual average length of stay does not apply to hospice patients. The hospice patient can be admitted to the CAH for any care involved in their hospice treatment plan or for respite care.	
C210-212	C0904	**Length of Stay.** The CAH provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient. The fiscal intermediary (FI) will determine compliance with this CoP. *Note: refer to the full Interpretive Guidelines for definitions and more clarification.*	

§ 485.623 Condition of participation: Physical plant and environment.

Old TAG	New TAG	§ 485.623 Condition of participation: Physical plant and environment.	CAH survey preparation notes
C220-235	C0910	**Physical Plant and Environment**. All patient care locations of the CAH must be appropriately constructed for the number and type of patients served. The CAH's departments or services responsible for the CAH's building and equipment maintenance (both facility equipment and patient care equipment) must be incorporated into the CAH's QA program and be in compliance with the QA requirements. **Provide the following:** 1. Emergency preparedness plan	

Old TAG	New TAG	§ 485.623 Condition of participation: Physical plant and environment.	CAH survey preparation notes
		2. Preventive maintenance program a. Bio-med contact: _____ b. Copy of agreement/arrangement for PM maintenance if outsourced c. Preventive maintenance policy/procedure d. Does the CAH have an Alternate Equipment Management (AEM) program? ___ i. If "yes": Equipment list on the AEM program and Policy /procedure on AEM program 3. Agreements for providing emergency fuel 4. Agreements for providing emergency water supply 5. QAPI	
C220-235	C0912	**(a) 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.	
C220-235	C0914 – 0926	**(b) Maintenance**. The CAH must develop and maintain the condition of the physical plant and overall CAH environment to ensure the safety and well-being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with federal and state laws, regulations and guidelines and manufacturers' recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair. The routine and preventive maintenance and testing activities should be incorporated into the CAH's QA plan.	

Old TAG	New TAG	§ 485.623 Condition of participation: Physical plant and environment.	CAH survey preparation notes
		▪ Facilities must be maintained to ensure an acceptable level of safety and quality. ▪ Supplies must be maintained to ensure an acceptable level of safety and quality. ▪ Equipment must be maintained to ensure an acceptable level of safety and quality. The CAH has housekeeping and preventive maintenance programs to ensure that: ▪ All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition. ▪ There is proper routine storage and prompt disposal of trash. ▪ Drugs and biologicals are appropriately stored. ▪ The premises are clean and orderly. ▪ There is proper ventilation, lighting and temperature control in all pharmaceutical, patient care and food preparation areas.	
C220-235	C0930 - 0942	**(c) Life Safety from Fire**. The CAH must meet the applicable provisions of the Life Safety Code of the National Fire Protection Association 101 and Tentative Interim Amendments. Corridor doors and doors to rooms containing flammable or combustible material must be locked. Life Safety Code inspections are conducted separately by the State Fire Marshall. CAHs must maintain written evidence of regular inspections. A CAH may install alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.	

Old TAG	New TAG	§ 485.623 Condition of participation: Physical plant and environment.	CAH survey preparation notes
		When a sprinkler is shut down for more than 10 hours, the CAH must evacuate the building affected or establish a fire watch until the system is back in service. Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.	
C220-235	C0944	**(d) Building safety**. The CAH must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code. Chapters 7, 8, 12 and 13 of the adopted Health Care Facilities Code do not apply to CAH.	

§ 485.625 Condition of participation: Emergency preparedness.

Old TAG	New TAG	§ 485.625 Condition of participation: Emergency preparedness.	CAH survey preparation notes
NA	C0950	**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 and develop the following planning and procedure documents: ▪ An emergency preparedness plan ▪ Preparedness policies and procedures ▪ Communication plans ▪ Training and testing programs ▪ Emergency and standby power systems	

Old TAG	New TAG	§ 485.625 Condition of participation: Emergency preparedness.	CAH survey preparation notes
		▪ Integrated health systems as applicable. Plans should be reviewed and updated every 2 years. *Note: Please refer to the Full Interpretive Guidelines for more explanation.* *Note: A Continuity of Operations Planning Toolkit was created by MDH Emergency Preparedness and Response. (link will be updated when it is available.)*	

§ 485.627 Condition of participation: Organizational structure.

Old TAG	New TAG	§ 485.627 Condition of participation: Organizational structure.	CAH survey preparation notes
C240-244	C0960	**Organizational structure**. This section stipulates the documentation regarding the hospital's governing board structure and responsibilities, ownership and responsible staff persons is on file, current and available.	
C240-244	C0962	**(a) Governing body or responsible individual**. **Provide the following documents:** 1. Organizational Chart 2. Documentation of individual/individuals responsible for CAH operations 3. Job description for responsible person or body of the CAH 4. Governing Board meeting minutes (past 12 months): documentation of governing body approval of medical staff bylaws, approval of criteria required for appointment of medical staff, hospital policies are updated and pertain to services in the CAH, periodically reviews	

Old TAG	New TAG	§ 485.627 Condition of participation: Organizational structure.	CAH survey preparation notes
		medical staff QA, policies and procedures for periodic review of medical staff QA, etc. 5. Governing Board meeting minutes: a. Appointment of the CEO b. Appointment of the Medical Director 6. Policy and procedures: Criteria for medical staff appointment/reappointment (including mid-levels)	
C240-244	C0964 – C0966	**(b) Disclosure**. The CAH should demonstrate how it has implemented its policy or procedure for reporting changes in operating officials and medical director to the State agency.	

§ 485.631 Condition of participation: Staffing and staff responsibilities.

Old TAG	New TAG	§ 485.631 Condition of participation: Staffing and staff responsibilities.	CAH survey preparation notes
C250-268	C0970	**Staffing and responsibilities**. This section describes the acceptable staffing and roles/responsibilities of certain key staff positions. **Provide the following documents:** 1. Chief of Staff: _____ 2. Current complete medical staff roster (include PA's, NP's & CRNA's) 3. Organizational chart 4. Provider CAH schedule for current and last three months (include MD's, PA's & NP's 5. Medical Staff Bylaws	

Old TAG	New TAG	§ 485.631 Condition of participation: Staffing and staff responsibilities.	CAH survey preparation notes
		6. Medical Staff meeting minutes (last 12 months) 7. Policy and Procedures a. Physician review of mid-level records b. Medical staff involvement in policy development and review 8. QAPI for Medical Staff	
C250-268	C0971 – 0978	**(a) Staffing**. A CAH may operate with an MD or DO on staff as well as with any combination of mid-level practitioners (with documented physician oversight). The surveyors will ask to see staffing schedules and organizational charts to determine if the hospital provides for adequate medical coverage. Also, be prepared show documentation regarding mid-level practitioners' scope of practice, including their role in medical record review, quality improvement and periodic review of policies and procedures. Medical staff bylaws may also be reviewed.	
C250-268	C0980 – 0988	**(b) Responsibilities of MD or DO.** ▪ Provides medical direction of CAH's health care activities and supervises health care staff. ▪ Participates in periodic review of policies and records. ▪ Reviews and signs all inpatient records of patients cared for by mid-level practitioners. Physicians must review and sign 25% of outpatient records cared for by Physician Assistants and other mid-level practitioners except Certified APRNs in Minnesota. ▪ Is present for sufficient periods of time to provide medical direction, consultation and supervision for services provided in the CAH, and is available through direct radio, telephone, or electronic	

Old TAG	New TAG	§ 485.631 Condition of participation: Staffing and staff responsibilities.	CAH survey preparation notes
		communication for consultation, assistance with medical emergencies, or patient referral.	
C250-268	C0990 – 0998	**(c) Physician Assistant, Nurse Practitioner, and Clinical Nurse Specialist Responsibilities** ▪ Participates in periodic review of policies and records, and performs services in accordance with CAH policies. ▪ Arranges for or refers patients to needed services that cannot by furnished at the CAH, and assures adequate patient health records are maintained and transferred as required. ▪ Notifies MD or DO whenever admitting a patient to the CAH.	
C250-268	C0999	**(d) Periodic review of clinical privileges and performance.** ▪ Quality and appropriateness of diagnosis and treatments furnished by nurse practitioners, clinical nurse specialists and physician assistants at the CAH are evaluated by an MD or DO. The MD or DO is staff or under contract with the CAH. ▪ Quality and appropriateness of diagnosis and treatment furnished by an MD or DO is evaluated by a hospital member of the network, QIO or equivalent, other entity identified in state rural health plan.	

§ 485.635 Condition of participation: Provision of services.

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
C270-284	C1004	**Provision of Services.** This section details the necessary policy and procedure development and review process the CAH must follow. **Provide the following documents:** 1. Policy and procedures: Policy procedure development, review, and revision (including who is involved in this process) 2. List of outpatient services provided by the CAH (i.e. RT, PT, CR, ST, Nutrition, IV infusion 3. List of off-site facilities under the same provider number as the CAH include: Location and name of facility; Services offered (clinic, imaging, lab, PT, surgery 4. Does the CAH have a policy/procedure committee? Y/N If "yes" – provide minutes from last 12 months 5. Guidelines for the medical management including: Conditions requiring medical consultation; Conditions requiring patient referral; Maintenance of healthcare records; Periodic review and evaluation of the services provided by the CAH 6. Copy of patient visitation policies/procedures.	
C270-284	C1006 – 1020	**(a) Patient Care Policies.** Health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. ▪ CMS does not interpret or enforce local law. If the surveyors suspect services are not consistent with State law, they will refer to appropriate State authorities.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		Surveyors will ask to see written policies and observe staff delivering health care services to patients. Policies and procedures are developed with the advice of a group of members of the CAH's healthcare staff, including one or more MDs or DOs, and one or more PAs, NPs, or CNSs if they are on the staff. ▪ Clearly describe this group's function, meeting schedule, membership, and expected outcomes. The group makes recommendations for new policies and reviews existing policies at least every 2 years. Policies must be revised more often in response to applicable changes in Federal or State regulations. Final decision is made by the governing body or individual responsible for the CAH after the review is completed and recommendations are made. ▪ Surveyors may want to see meeting minutes, interview staff who are on the advisory group to document that the advisory group developed written recommendations on patient care policies for consideration by the governing body and to find evidence that the group reviewed existing policies at least every 2 years. C1010-1020: Policies include: ▪ A description of services provided directly or via contract or arrangement. Identify the services available at the CAH, and which are available through contract, agreement or arrangement. Also identify the services available through referral. ▪ Policies and procedures for EMS. Written policies address all requirements at §485.618, C-0880. ▪ Guidelines for the medical management of health problems. ▪ Rules for storage, handling, dispensation and administration of drugs and biologicals. The pharmacist, with input from appropriate CAH	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		staff and committees, develops, implements and periodically reviews and revises policies and procedures governing provision of pharmaceutical services. **Provide the following policies:** ▪ Responsibility for pharmacy services. ▪ Storage of drugs and biologicals. ▪ Proper environmental conditions. ▪ Security. ▪ Handling of drugs and biologicals. ▪ Compounding. ▪ Use of outside compounders (outsourcing facilities). ▪ Use of compounding pharmacies. ▪ Dispensing drugs and biologicals. ▪ Administration of drugs and biologicals to patients. ▪ Record keeping for the receipt and disposition of all scheduled drugs. ▪ Ensuring that outdated, mislabeled, or otherwise unusable drugs are not used for patient care. ▪ Assessing adverse drug reactions and medication administration errors. The pharmacy department must also participate in the CAH QA programs. ▪ Procedures for reporting adverse drug reactions and medication administration errors. Staff must report medication administration	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		and adverse drug reactions. Be prepared to provide documentation regarding the system for identifying and reporting adverse drug reactions and medication administration errors for surveyor review. Also demonstrate involvement with QA/QI. ▪ Nutrition and dietary policies. Policies must include procedures that ensure the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients. The dietary manual must be reviewed and signed off by a dietician and physician.	
C280-284	C1024	**(b) Patient Services.** The CAH provides those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or other entry point into the health care delivery system. This regulation addresses the minimum level of outpatient services a CAH must provide, except for emergency services. ▪ Acute care inpatient services. ▪ Laboratory Services. ▪ Radiology Services. ▪ Emergency Procedures	
C280-284	C1026	**Acute care inpatient services**. This includes outpatient and rehabilitative services. Provide a list of all outpatient services and whether they are provided directly or under contract or agreement. Also describe communication between the outpatient service areas and inpatient areas. Identify the person responsible for supervision of the outpatient area.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
C280-284	C1028	**Laboratory Services**. The CAH provides, as direct services, basic laboratory services essential to the immediate diagnosis and treatment of the patient that meet the standards imposed under section 353 of the Public Health Act (42 U.S.C. 236a). The services provided include: ▪ Chemical examination of urine by stick or tablet method or both (including urine ketones). ▪ Hemoglobin or hematocrit. ▪ Blood glucose. ▪ Examination of stool specimens for occult blood. ▪ Pregnancy test. ▪ Primary culturing for transmittal to a certified laboratory. **Provide the following documents:** 1. Copy of CLIA certificate 2. List of services provided by the CAH laboratory 3. Hours of operation: _____ 4. List of laboratory services provided at off-site locations (services provided and location of off-site) 5. Staff schedules for current and last 2 months 6. Blood Bank: a. Copy of agreement/arrangement for blood bank services b. If Blood bank services not a contracted service and are provided on-site – name of MD/DO who is overseeing the blood bank services: _____	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		7. Policy and Procedures: a. For the collection, preservation, transportation, receipt, and reporting of tissue specimen results b. Blood transfusion c. Emergency blood supply available d. Procedure for obtaining tests that are needed but unavailable at the CAH (referral or reference lab) e. Critical lab value notification process 8. QAPI Projects	
C280-284	C1030	**Radiology Services**. Radiology services may be provided at the hospital or through a contractual agreement. CAHs should be able to demonstrate that radiology services are provided in a manner that appropriately meets the needs of patients and do not expose patients or staff to radiation hazards. **Provide the following documents:** ▪ Scope and complexity of radiology services specified in writing and approved by the medical staff and governing body (responsible person). ▪ Policy and procedure regarding periodic inspection of radiology equipment. ▪ Radiology equipment inspections and problems corrected. ▪ Policy regarding which radiological tests must be interpreted by the radiologist approved by the medical staff.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		▪ Policy stating that the practitioner who reads and evaluates the radiology films must sign the report. ▪ Policy regarding the designation of personnel who are qualified to use the radiological equipment and administer procedures. ▪ Policy regarding routine inspection and maintenance of patient shielding (aprons). ▪ Competencies of radiology personnel regarding radiation exposure. ▪ Training for personnel regarding operation of radiology equipment, performing radiology procedures, managing emergencies, and handling radioactive materials. ▪ Policy regarding periodic (define) testing of personnel by exposure meters or test badges; documentation of badge reports. ▪ Policy regarding storage and labeling of hazardous materials in the radiology department. ▪ Policy regarding transportation of radioactive materials and waste. ▪ Policy regarding security of radioactive materials, define who has access to and how radioactive materials are accounted for and controlled. ▪ Records of disposal and storage of radiological waste. ▪ Designation of individual responsible for supervision of radiology services. ▪ Credentials for radiology personnel. ▪ QA documentation. ▪ Infection control policies.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		▪ Safety policies. Surveyors will ask for the following: ▪ The person responsible for radiologic services will be asked for a list of radiology services provided by CAH directly and through contract, arrangement or agreement. And how the CAH ensures radiologic services are consistent with standards of best practice. ▪ Assess radiologic safety by reviewing staff familiarity with safety policies and procedures, verifying that patient shielding equipment is maintained and routinely inspected, observe areas where testing happens and verify that hazardous materials are labeled and properly recorded. ▪ Surveyors will review equipment inspection policies, records and problems corrected. ▪ Surveyors will check if studies are interpreted only by qualified staff approved to do so by the governing body or responsible individual, determine which staff are using equipment and ensure they are qualified for tasks per the CAH's policies and ask staff to explain protocols and procedures for studies they administer. *Note: Please refer to the Full Interpretive Guidelines for more explanation.*	
C280-284	C1032	**Emergency procedures**. In accordance with the requirements of §485.618, the CAH provides medical services as a first response to common life-threatening injuries and acute illness. Review the survey procedures for §485.618 (C-0880) for more information.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
C285-293	C1034	**(c) Services Provided through Agreements or Arrangements.** Services provided through agreements or arrangements should be listed or described. It is useful to have a table or easy to access reference of all services provided through arrangement or contract, noting the following: ▪ Routine procedures. ▪ Contracted entity and that the entity participates in Medicare, or the distant-site telemedicine agreement. ▪ Whether the contract is auto-renewable. ▪ How the CAH ensures the services meet their standards. ▪ Provide evidence that these services are part of the facility-wide QA program.	
C285-293	C1036	**Services of doctors of medicine or osteopathy**. Document that the CAH has arrangements with MDs or DOs for referral of discharged patients who need medical services not available at the CAH, and that the CAH has policies and procedures addressing the referral of discharged patients. Surveyors will verify documentation of arrangements and policies for referrals/discharges.	
C285-293	C1038	**Additional or specialized diagnostic and clinical laboratory services that are not available at the CAH**. In accordance with §485.635(b)(2) the CAH is required to furnish basic lab services essential to immediate diagnosis and treatment. This can be directly by CAH staff or through an agreement with a laboratory. The CAH must document what outside lab it sends specimens provides the CAH with test result. The CAH must show evidence that the outside lab holds a current CLIA certificate or waiver, and must have policies and	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		procedures that address the specific lab services provided under arrangement, as well as the collection, preservation, transportation, receipt and reporting of tissue specimen results. As needed, the CAH must have an arrangement or agreement with other providers of suppliers of diagnostic imaging services including advanced diagnostic imaging services, such as MRI or CT. A written agreement is not required, but the CAH must document that an outside diagnostic imaging facility to which it sends patients provides the CAH with the resulting studies and reports. All studies and reports and lab results must be included in the patient's medical record and meet all requirements of §485.638(a)(4)(ii)	
C285-293	C1040	**Food and other services to meet inpatients' nutritional needs to the extent these services are not provide directly by the CAH.** Surveyors assess compliance with §485.635(a) (3) (vii) in the same manner, whether the services are provided by the CAH staff or a vendor. The CAH must provide documentation of an agreement with a vendor.	
C285-293	C1042 – 1044	**Maintain a list of all services furnished under arrangements or agreements.** **Provide the following documents:** ▪ Services offered ▪ Individual/entity providing service ▪ If service is off or on-site ▪ Any limit to volume or frequency ▪ When services are available	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		The person principally responsible for the operation of the CAH is responsible for services furnished in the CAH, whether or not they are furnished under arrangements or agreements and ensuring that a contractor of services furnishes services that enable the CAH to comply with applicable CoPs. The CEO should demonstrate oversight of contracted services and provide examples of policies/procedures.	
C294-298	C1046 - 1050	**(d): Nursing Services.** A registered nurse must provide (or assign) the nursing care of each patient, including patients at an SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patients' needs and the specialized qualifications and competence of the staff available. The nurse in charge must: ▪ Develop and maintain nursing policies and procedures. ▪ Supervise nursing staff. ▪ Provide ongoing review and analysis of the quality of nursing care. Per §485.631(a)(5) CAH must have a registered nurse, clinical nurse specialist, or licensed practical nurse on duty whenever the CAH has one or more inpatients. Staffing schedules must meet patient needs. Nursing care must be supervised and evaluated by a registered nurse. Policies and procedures should demonstrate compliance with all requirements. Additional documentation should provide evidence that the CAH is following the established policies and procedures. An RN must supervise and evaluate the nursing care for each patient, including Swing Bed patients. All drugs, biologicals and IV medications must be administered by or under the supervision of an RN, MD, or DO in accordance with written and signed orders, accepted standards of practice and federal and state laws.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		A nursing care plan must be developed and kept current for each inpatient. The nursing care plan should be current and reviewed per patient need. This plan is part of the patient's clinical record and must comply with the clinical records requirements at §485.638. Surveyors will review a sample of care plans based on the inpatient records reviewed. *Note: Please refer to the Full Interpretive Guidelines for more explanation.*	
C299	C1052	**(e) Rehabilitation Therapy Services**. PT, OT, and speech-language therapy pathology services, if provided, are provided by staff qualified under State law, and consistent with the requirements for therapy services in §409.17 of this subpart. *Note: Please refer to the Full Interpretive Guidelines for more explanation.*	
C1000-1002	C1054-1058	**Patient visitation rights**. A CAH must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the CAH may need to place on such rights and reasons for the clinical restriction or limitation. Policies and procedures include the following: ▪ Address inpatient and outpatient settings. ▪ Reasons for restrictions or limitations. ▪ How staff will facilitate or control visitator access. A CAH must meet the following requirements for patient visitation: ▪ Inform each patient or appropriate support person of his or her visitation rights.	

Old TAG	New TAG	§ 485.635 Condition of participation: Provision of services.	CAH survey preparation notes
		▪ Inform each patient or appropriate support person of the right, subject to his or her consent, to receive the visitors whom he or she designates and his/her right to withdraw that consent at any time. ▪ Do not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. ▪ Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.	

§ 485.638 Conditions of participation: Clinical records.

Old TAG	New TAG	§ 485.638 Conditions of participation: Clinical records.	CAH survey preparation notes
C300-311	C1100 – 1104	**Clinical Records**. This section details the requirements for developing, maintaining and retaining patient records. **Records system**. There must be policies and procedures documenting the integrity, security and processes for creating, maintaining, retrieving and retaining all patient records. Have policies regarding medical record confidentiality, authentication of medical record authors and signatures (as well as a current authenticated signature list), processes for completion, and how verbal orders are communicated and signed. Records must be maintained for all inpatient and outpatients evaluated or treated in any part of the CAH. Records must be accessible by appropriate staff 24/7 if needed.	
C300-311	C1106 – 1118	A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and	

Old TAG	New TAG	§ 485.638 Conditions of participation: Clinical records.	CAH survey preparation notes
		accurately documented, readily accessible, and systematically organized. For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- ▪ **C1110:** 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; ▪ **C1114**: Reports of physical examinations, diagnostic and laboratory test results, including clinical laboratory services, and consultative findings; ▪ **C1116**: All orders of MD/DO or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics, progress notes describing the patient's response to treatment; and ▪ **C1118**: Dated signatures of the MD/DO or other health care professional.	
C300-311	C1122 – 1126	**Protection of record information**. Document the safeguards in place for protecting medical record information. Demonstrate that these policies are followed. Have clear policies regarding release and transfer of all medical record information, including release of information to patients and family members. **Retention of records**. Medical records must be retained for a minimum of seven years per Minnesota Law.	

§ 485.639 Condition of participation: Surgical services.

Old TAG	New TAG	§ 485.639 Condition of participation: Surgical services.	CAH survey preparation notes
C320-326	C1140 – 1142	**Surgical Services**. Qualified personnel provide surgical procedures in a safe manner, and patients are informed of necessary follow-up upon discharge. A full description of the scope of inpatient and outpatient surgical services offered is required, in addition to all relevant policies and procedures for providing surgical services. **Provide the following documents**: 1. List of surgical service staff (including circulating/scrub nurse, surgical techs, central processing) 2. List of anesthesia providers (anesthesiologists, CRNA) a. Is this a contracted service? If "yes" provide a copy of the arrangement/agreement b. Anesthesia Director: _____ 3. OR register 4. OR schedule for the week 5. Organizational chart for surgical services department 6. Policy and Procedures: a. Aseptic surveillance and practice, including scrub techniques b. Identification of clean/dirty cases (non-infected/infected) c. Housekeeping requirements/procedures d. Patient care requirements including: i. Patient identification ii. Pre-operative evaluation	

Old TAG	New TAG	§ 485.639 Condition of participation: Surgical services.	CAH survey preparation notes
		iii. Patient consents and releases iv. Safety practices/procedures (time out/dry time/site marking) e. Surgical counts f. Patient scheduling g. DNR status h. Care of surgical specimens i. Malignant hyperthermia j. Sterilization and disinfection procedures k. Operating room attire l. Handling of infections and biomedical waste m. Informed consent n. H&P on surgical patients o. Post – recovery room – transfer/discharge requirements to and from the recovery room p. Pre and post-anesthesia assessments q. Flash sterilization process 7. QAPI for Surgical Services and Anesthesia **Operative report**. Designation of qualified practitioners. Scope of practice and job descriptions of all providers allowed to perform surgery: MD/DO, DDS, Doctor of Podiatry. Privileges should be updated every 2 years.	

Old TAG	New TAG	§ 485.639 Condition of participation: Surgical services.	CAH survey preparation notes
C320-326	C1144 – 1147	**Anesthetic risk and evaluation**. Qualified practitioner(s) examine and evaluate risk of procedure to be performed and risk of anesthesia. **Administration of Anesthesia**. Anesthesia must be administered only by qualified anesthesiologists, MD/DO, DDS, Doctor of Podiatry, CRNA, anesthesiologist's assistant as defined in Sec. 410.69(b) or supervised trainee. If a CRNA administers the anesthesia, the anesthetist must be under the supervision of the operating practitioner except as provided in paragraph (e) of this section. An anesthesiologist's assistant who administers anesthesia must be under the supervision of an anesthesiologist.	
C320-326	C1149	**Discharge**. The CAH must have discharge policies in place.	
C320-326	C1150	**State Exemption**. A CAH may be exempted from the requirement for MD/DO supervision of CRNAs as described in paragraph (c)(2) of this section, if the State in which the CAH is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from MD/DO supervision for CRNAs. **See:** MN Statute Sec. 148.171 Subd. 21.Registered nurse anesthetist practice	

§ 485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.

Old TAG	New TAG	§ 485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.	CAH survey preparation notes
N/A	C1200	**Overview**: The CAH must have active facility-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 adhere to nationally recognized infection prevention and control guidelines. Assessments and issues should be addressed in the facility's Quality Assessment and Performance Improvement (QAPI). **Please provide the following:** 1. Infection Control Meeting minutes for last 6 months 2. List of current inpatients with: a. Dressing changes b. In isolation c. Glucometer checks 3. Policy and Procedures: a. Infection control precautions b. Surveillance c. Use of personal protective equipment d. Infection control coordination with emergency preparedness e. Reporting requirements to the local health authority f. Orientation process g. Nosocomial (hospital acquired infections)	

Old TAG	New TAG	§ 485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.	CAH survey preparation notes
		h. Measures for assessing and identifying patients and healthcare workers at risk for infection and communicable diseases i. Prevention of infections 4. QAPI	
N/A	C1204-1210	**(a) Infection prevention and control program organization and policies**. The CAH must demonstrate they have a certified infection preventionist leading IP efforts and policies and procedures for preventing and controlling infections in the CAH.	
N/A	C1225-1297	**(c) Leadership responsibilities**. The governing body or responsible individual ensures systems are in place and operational for the tracking of all infection surveillance, prevention and control, and antibiotic use activities, to demonstrate the implementation, success, and sustainability of such activities to include documentation of policies and procedures and staff training and education on infection prevention and control and antibiotic stewardship guidelines.	

§ 485.641 Condition of participation: Quality assessment and performance improvement program.

Old TAG	New TAG	§485.641 Periodic Evaluation and Quality Assurance Review	CAH survey preparation notes
C330-343	C1300-1325	**Overview:** The CAH must conduct an evaluation and quality assurance review for ALL patient care services at least annually. Periodic evaluation includes (at least once a year):	

Old TAG	New TAG	§485.641 Periodic Evaluation and Quality Assurance Review	CAH survey preparation notes
		▪ Review of utilization of CAH services, including the number of patients and volume of services. ▪ Representative sample of active and closed clinical records. ▪ All CAH health care policies. CAHs should have a written description and policy regarding this required evaluation. A minimum of 10% of the annual census (active and closed) records should be reviewed. Describe the process by which all health care policies will be reviewed annually and be able to demonstrate evidence of it happening. The purpose of the evaluation is to determine whether utilization of services are appropriate, the established policies were followed, and any changes are needed. Refer to C272 for more information. **Quality Assurance**. The CAH must have a thorough Quality Assurance program in place. At minimum, the quality assurance program includes an evaluation of: ▪ All patient care services and other services affecting patient safety. ▪ Nosocomial infections and medication therapy provided. ▪ The "quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists and physician assistants" by a medical doctor. ▪ "The quality and appropriateness of diagnosis and treatment furnished by doctors of medicine or osteopathy" by an appropriate entity. The CAH must show evidence that: ▪ Staff have considered evaluation findings and taken correction action where needed.	

Old TAG	New TAG	§485.641 Periodic Evaluation and Quality Assurance Review	CAH survey preparation notes
		▪ Remedial action is taken to address deficiencies found through the QA program. Policies regarding these evaluative components, written agreements regarding them, and evidence of the evaluation and related actions should be available for review during a survey. **Please provide the following**: 1. QAPI Plan. 2. QAPI departmental quality indicators. 3. QAPI meeting minutes and departmental reports (last 12 months). 4. Review documentation to ensure the governing body/ responsible individual to ensure they are ultimately responsible for the QA program.	

§ 485.642 Condition of participation: Discharge planning.

Old TAG	New TAG	§ 485.642 Condition of participation: Discharge planning.	CAH survey preparation notes
N/A	C1400 - 1430	**Overview.** A CAH must have a discharge planning process, consider patient goals, preferences, caregivers and reduce factors leading to preventable readmissions. **Please provide the following**: 1. Discharge planning policies/procedures. 2. List of discharges for the past 3 months. 3. List of 30-day readmissions within the past 3 months. 4. QAPI for Discharge Planning.	

Old TAG	New TAG	§ 485.642 Condition of participation: Discharge planning.	CAH survey preparation notes
		Note: Additional guidance will be updated in future releases of Appendix W.	

§ 485.643 Condition of participation: Organ, tissue, and eye procurement.

Old TAG	New TAG	§485.643 Organ, Tissue, and Eye Procurement	CAH survey preparation notes
C344-349	C1500 - 1511	**Overview**: CAHs must have written policies and procedures addressing its organ procurement responsibilities. Surveyors will review the written agreement with an Organ Procurement Organization (OPO). At minimum, the agreement must include: ▪ The criteria for referral, including the referral of all individuals whose death is imminent or who have died in the CAH. ▪ A definition of "imminent death." ▪ A definition of "timely notification." ▪ The OPO's responsibility to determine medical suitability for organ donation. ▪ How the tissue and/or eye bank will be notified about potential donors using notification protocols developed by the OPO in consultation with the CAH-designated tissue and eye bank(s). ▪ Provision for notification of death in a timely manner to the OPO (or designated third party). ▪ That the designated requestor training program offered by the OPO has been developed in cooperation with the tissue bank designated by the CAH.	

Old TAG	New TAG	§485.643 Organ, Tissue, and Eye Procurement	CAH survey preparation notes
		▪ That the OPO, tissue bank and eye bank have access to the CAH's death record information according to a designated schedule, (e.g., monthly or quarterly). ▪ That the CAH is not required to perform credentialing reviews for, or grant privileges to, members of organ recovery teams as long as the OPO sends only "qualified, trained individuals" to perform organ recovery. ▪ The interventions the CAH will utilize to maintain potential organ donor patients. **Please provide the following:** 1. Written agreement with eye procurement organization 2. Written agreement with organ and tissue procurement organization 3. List of patients who have died (over the last 12 months) 4. Does the CAH have designated requestors? Y/N If "yes": List of those staff members who are designated requestors, Documentation of the training provided for the designated requestors. 5. Educational training program for organ, tissue & eye procurement a. Training content b. Training schedule c. Attendance sheets 6. Copy of any complaints regarding organ donation 7. Policy and Procedure: a. Organ, tissue and eye procurement b. Staff education on organ, tissue and eye procurement	

Old TAG	New TAG	§485.643 Organ, Tissue, and Eye Procurement	CAH survey preparation notes
		8. QAPI	

§ 485.645 Special requirements for CAH providers of long-term care services ("swing-beds")

Old TAG	New TAG	§485.645 Swing Bed Requirements	CAH survey preparation notes
C350-408	C1600 - 1626	**Overview:** If the CAH provides swing bed care, the CAH must be in compliance with all swing bed regulations. Swing beds are counted in the 25-bed limit. Swing bed patients must have a prior qualifying hospital stay of at least three days. Time designated as observation status does not count toward the qualifying stay time. **Please provide the following:** 1. Hospital's daily census log. 2. Copy of Resident's Rights information given at admission. 3. Policy/procedure regarding Advance Directives. 4. Admission information given to residents regarding Medicare and Medicaid benefits and services the hospital charges for. 5. Copy of the facility's transfer and discharge notice. 6. Policy prohibiting mistreatment, neglect, and abuse. 7. Qualifications of social worker. 8. Discharge planning policies/procedures. 9. Qualifications (licenses, certificates) of PT, OT, SLP. Contracts, arrangements, if services not provided directly. 10. Copy of contract or arrangement with dentist.	

Old TAG	New TAG	§485.645 Swing Bed Requirements	CAH survey preparation notes
		11. Accident/Incident reports for the previous 6 months. **Swing bed regulations include the following SNF requirements:** **Resident Rights.** Inform and be able to provide evidence that all residents are informed of their rights. Resident rights should be posted in a public area (be sure the poster is the most current). Also, provide documentation regarding advanced directives. **Admission, Transfer, Discharge Rights**. Include policies regarding readmission. (Residents returned to skilled care within one to 30 days of discharge do not need a new qualifying stay; 31-60 days after discharge do require a new three-day qualifying stay in the hospital). *Note: Refer to Minnesota Statute **144.562 Swing Bed Approval; Issuance of License Conditions (https://www.revisor.mn.gov/statutes/cite/144.562)** for further clarification of exceptions in MN.* **Freedom from abuse, neglect and exploitation.** Surveyors may review policies and procedures regarding restraints (physical and chemical). Demonstrate staff training regarding abuse and neglect as well as background checks on all employees. **Social Services.** The facility should provide activities for physical, mental, and psychosocial well-being. **Resident Assessment and Care Plan.** A comprehensive resident assessment must be completed and periodically updated for each resident. Each assessment must, at minimum, include: ▪ Identification and demographic information. ▪ Customary routine. ▪ Cognitive patterns.	

Old TAG	New TAG	§485.645 Swing Bed Requirements	CAH survey preparation notes
		▪ Communication. ▪ Vision. ▪ Mood and behavior patterns. ▪ Psychosocial well-being. ▪ Physical functioning and structural problems. ▪ Continence. ▪ Disease diagnoses and health conditions. ▪ Dental and nutritional status. ▪ Skin condition. ▪ Activity pursuit. ▪ Medications. ▪ Special treatments and procedures. ▪ Discharge potential. ▪ Documentation of summary information regarding the additional assessment performed through the resident assessment protocols. ▪ Documentation of participation in assessment. Also, policies regarding the frequency of assessments (must be complete within 14 days after admission, following identification of a significant change, not less then every 12 months) as well as policies regarding care planning will be reviewed. **C1622: Specialized Rehab Services.** If required in the resident's care plan, specialized rehabilitative services such as physical therapy, occupational therapy, speech therapy, mental health services and	

Old TAG	New TAG	§485.645 Swing Bed Requirements	CAH survey preparation notes
		cardiac rehabilitation must be available. Policies, procedures and practice should demonstrate the availability, processes and outcomes. **C1624: Dental Services.** The CAH must assist residents in obtaining routine and 24-hour emergency dental care. Policies, procedures and practice should demonstrate the availability, processes and outcomes. **1626: Nutrition.** Policy and practice should demonstrate that appropriate nutritional assessments and screenings take place. Also, be prepared to demonstrate through documentation policies and procedures related to nutritional consultation and care planning for nutritional needs.	

§ 485.647 Condition of participation: psychiatric and rehabilitation distinct part units.

Old TAG	New TAG	§485.647 Condition of Participation: psychiatric and rehabilitation distinct part units	CAH survey preparation notes
	C0500 – 0596	**Inpatient psychiatric services in a distinct part unit (DPU). T**he services furnished by the distinct part unit must comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of §412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payment systems, and the additional requirements of §412.27 of Part 412 of this chapter for excluded psychiatric units. ▪ The facility provides no more than 10 beds in the DPU. ▪ The beds are excluded from the 25 inpatient bed count. ▪ The average annual 96-hour length of stay requirement under 485.620(b) does not apply to the 10 beds in the DPU.	

Old TAG	New TAG	§485.647 Condition of Participation: psychiatric and rehabilitation distinct part units	CAH survey preparation notes
		Note: Refer to Appendix A of the State Operations Manual (SOM) for Critical Access Hospital Distinct Part Unit interpretive guidelines and survey procedures.	
	C0700 - 0758	**Inpatient rehabilitation services in a distinct part unit (DPU).** The services furnished by the distinct part unit must comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of §412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payment systems, and the additional requirements of §412.29 and §412.30 of Part 412 of this chapter related specifically to rehabilitation units. ▪ The facility provides no more than 10 beds in the DPU. ▪ The beds are excluded from the 25 inpatient-bed count. ▪ The average annual 96-hour length of stay requirement under 485.620(b) does not apply to the 10 beds in the DPU. *Note: Refer to Appendix A of the State Operations Manual (SOM) for Critical Access Hospital Distinct Part Unit interpretive guidelines and survey procedures*.	
	C2400 - 2402	**EMTALA.** The provider agrees, in the case of a hospital as defined in §489.24(b), to comply with §489.24 EMTALA Requirements. *Note: Refer to Appendix V of the State Operations Manual (SOM) for Critical Access Hospital Emergency Medical Treatment and Labor Act (EMTALA) interpretive guidelines and survey procedures*.	

Minnesota Department of Health
Rural Hospital Flexibility Program
651-201-3528
health.flex@@state.mn.us
www.health.state.mn.us

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