

AUTHORIZATION FOR STATE AGENCY PSYCHIATRIC HOSPITAL VALIDATION SURVEY

1. NAME AND ADDRESS OF STATE AGENCY	2. NAME AND ADDRESS OF PSYCHIATRIC HOSPITAL
	CMS CERTIFICATION NUMBER: _____

3. THIS HOSPITAL IS CURRENTLY DEEMED BY

- TJC NONE

4. CHECK A OR B; DO NOT CHECK BOTH

A. THIS VALIDATION SURVEY IS BASED ON A SAMPLE SELECTION. CHECK 1 OR 2. DO NOT CHECK BOTH.

1. PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY WITHIN 60 CALENDAR DAYS OF _____ (ENTER AO NAME) ACCREDITATION SURVEY END DATE.
THE SCHEDULED END DATE OF THE ACCREDITATION SURVEY IS: _____

IF APPLICABLE, CHECK THE FOLLOWING:

- THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED FACILITY.
2. THIS IS A MID-CYCLE VALIDATION SURVEY. PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY

SA MUST COMPLETE ALL VALIDATION PACKET DOCUMENTS LISTED IN EXHIBIT 63 FOR ANY FULL VALIDATION SURVEY.

B. THIS VALIDATION SURVEY IS BASED ON ALLEGATIONS OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS. CHECK ONE OF THE FOLLOWING:

- POTENTIAL IJ—INITIATE SURVEY WITHIN 2 WORKING DAYS; OR
- INITIATE SURVEY WITHIN 45 CALENDAR DAYS

SA MUST NOT NOTIFY THE FACILITY OR AO IN ADVANCE OF THE SURVEY

5. AREAS TO BE SURVEYED (FOR SAMPLE VALIDATION SURVEYS, CHECK ALL; FOR ALLEGATION SURVEYS, CHECK ALL APPLICABLE CONDITIONS, AND, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD):

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| <p><input type="checkbox"/> 482.60(b) COMPLIANCE WITH CoPS SPECIFIED IN §§482.1 THROUGH 482.23 AND §§482.25 THROUGH 482.57</p> <p><input type="checkbox"/> 482.11 FEDERAL, STATE AND LOCAL LAWS</p> <p><input type="checkbox"/> 482.12 GOVERNING BODY</p> <p><input type="checkbox"/> 482.13 PATIENT'S RIGHTS</p> <p><input type="checkbox"/> 482.21 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT</p> <p><input type="checkbox"/> 482.22 MEDICAL STAFF</p> <p><input type="checkbox"/> 482.23 NURSING SERVICES</p> <p><input type="checkbox"/> 482.25 PHARMACEUTICAL SERVICES</p> <p><input type="checkbox"/> 482.26 RADIOLOGIC SERVICES</p> <p><input type="checkbox"/> 482.27 LABORATORY SERVICES</p> <p><input type="checkbox"/> 482.28 FOOD AND DIETETIC SERVICES</p> <p><input type="checkbox"/> 482.30 UTILIZATION REVIEW</p> | <p><input type="checkbox"/> 482.41 PHYSICAL ENVIRONMENT</p> <p><input type="checkbox"/> 482.41(b) LIFE SAFETY CODE</p> <p><input type="checkbox"/> 482.42 INFECTION CONTROL</p> <p><input type="checkbox"/> 482.43 DISCHARGE PLANNING</p> <p><input type="checkbox"/> 482.45 ORGAN, TISSUE, & EYE PROCUREMENT</p> <p><input type="checkbox"/> 482.51 SURGICAL SERVICES</p> <p><input type="checkbox"/> 482.52 ANESTHESIA SERVICES</p> <p><input type="checkbox"/> 482.53 NUCLEAR MEDICINE SERVICES</p> <p><input type="checkbox"/> 482.54 OUTPATIENT SERVICES</p> <p><input type="checkbox"/> 482.55 EMERGENCY SERVICES</p> <p><input type="checkbox"/> 482.56 REHABILITATION SERVICES</p> <p><input type="checkbox"/> 482.57 RESPIRATORY CARE SERVICES</p> <p><input type="checkbox"/> 482.61 MEDICAL RECORD-REQUIREMENTS FOR PSYCH HOSPITALS</p> <p><input type="checkbox"/> 482.62 SPECIAL STAFF REQUIREMENTS FOR PSYCH HOSPITALS</p> |
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	7. REGION	8. DATE
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