

# Nursing Care Center Accreditation

## Organization Survey Activity Guide

2025



Nursing Care Center (NCC)  
Organization Survey Activity Guide (SAG)

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## How to Use this Guide

The Joint Commission's Survey Activity Guide for Nursing Care Centers is available on your organization's extranet site.

This guide contains:

- x Information to help you prepare for survey
- x An abstract of each survey activity that includes logistical needs, session objectives, an overview of the session, and suggested participants
- x Sessions are listed in the general order that they are conducted.

A template agenda and a list of survey activities that occur during an onsite visit are posted to your organization's Joint Commission Connect extranet site in proximity to the time your application is received and reviewed. When the template agenda and survey activity list is available, please download and review the activities and think about the people you might like to have involved. The activity list includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Consider including possible meeting locations and surveyor work space in your planning documents. Reference the sessions in this Survey Activity Guide and learn more about what you can expect to occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the activities. On the first day of survey, there will be an opportunity for you to collaborate with the surveyor in preparing an agenda for the visit that is considerate of your day-to-day operations.

**Please Note:** Not all of the activities described in this guide are included in the activity list or on the agenda template. Many of the accreditation program-specific activities are designed to take place during individual tracer activity. Surveyors will incorporate these into the onsite survey when they are applicable to your organization.

Please contact your Account Executive if you have any questions about the onsite survey process.

# Preparing for Surveyor Arrival

## Overview

A Nursing Care Center will receive a 30-day notice for the initial accreditation survey. After that, the surveyors arrive unannounced or with short notice for most surveys. Please consult the Nursing Care Center program accreditation manual, “The Accreditation Process chapter”, “Survey Notification” section, for more information about survey notice. Changes to these accreditation policies and procedures may occur at any time and are published in the Joint Commission newsletter, Perspectives.

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor’s arrival allows them to feel calmer and more synchronized with the survey. Whether the surveyor arrival is announced or unannounced, the first hour of the surveyor’s day is devoted to planning for your survey activities. This planning requires review of specific documents provided by your organization which can be found on the Nursing Care Center Document List found on page 8. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to one of your patients or residents through an individual tracer.

## Preparing for Survey

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- x Greeting surveyors: Identify the staff usually at the main entrance of your organization. Tell them about The Joint Commission and educate them about what to do upon the arrival of surveyors. Explain the importance of verifying any surveyor’s identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- x Directions to have surveyors wait in the lobby until an organization contact person is available.
- x Who to notify upon surveyor arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor’s “contact person” during the survey. Identify alternate individuals in the event that leaders and staff are unavailable.
- x Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. Identify the steps to be taken for this process. (See Surveyor Arrival Session for these



# Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:
Greet surveyor(s)		



Please note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

## Nursing Care Center Accreditation Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning, includes the Safety Briefing	30-60 minutes	1 <sup>st</sup> day, upon arrival	
Opening Conference, Orientation to Organization and Brief Orientation Tour	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Surveyor Planning Initial	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Individual Tracer	60-120 minutes	Individual tracer activity occurs each day throughout the survey; the number of individuals that surveyors trace varies by organization	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution OR Surveyor Planning/Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	30-45 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment & Credentialing of <u>Physicians and Other Licensed Practitioners</u>	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Life Safety Code Building Assessment	30 minutes	At a time negotiated with the organization	
Leadership and Data Use	90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. The topics of Infection Control and Medication Management will be covered in this discussion.	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Organization Exit Conference	30 minutes	Last day, final activity of survey	

For Nursing Care Centers that elect the Post-Acute Care Certification option  
The following activity will

# Surveyor Arrival

## Joint Commission Participants Surveyor

Organization Participants  
Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process.

Logistical Needs  
Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their “base” throughout the survey.

Overview  
The surveyor will arrive at approximately 7:45-7:50 a.m. unless business hours, as provided in the application, indicate that your organization opens at a later time. The surveyor will check in at the front desk, identifying themselves as a Joint Commission surveyor.

## Surveyor Arrival Activities

- x Implement your Readiness Guide as discussed in the Preparing For Surveyor Arrival section
- x Notify key organization members as identified in the pre-survey planning session of the surveyor’s arrival
- x Validate that the survey is legitimate by accessing your Joint Commission extranet site. A staff member in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
  - o Accessing the Joint Commission’s website at [www.jointcommission.org](http://www.jointcommission.org)
  - o Click on “the Joint Commission Connect” logo
  - o Enter a login and password
  - o If you cannot access the extranet site to validate the survey or surveyors, call your Account Executive
- x Your organization’s extranet site contains the following information:
  - o Confirmation of scheduled Joint Commission event authorizing the surveyor’s presence for the unannounced survey
  - o Surveyor name(s), picture and biographical sketch
  - o Survey agenda.
- x If you have not already downloaded a copy of your survey agenda, do so at this time.
- x Begin gathering and presenting documents as identified in the Document List. Surveyors will start reviewing this information immediately.

# Surveyor Preliminary Planning Session

Joint Commission Participants  
Surveyor

Organization Participants

Suggested participants include the staff responsible for coordinating The Joint Commission survey, individual or individuals that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator, and others as needed and identified by surveyors.

Logistical Needs

- x The suggested duration of this session is approximately 30 to 60 minutes, with only a

# Opening Conference

## Joint Commission Participants Surveyor

### Organization Participants

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

### Logistical Needs

The duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform the surveyor at this time of any agenda considerations that may affect the activities for the day.

### Objectives

The surveyor will:

- x Describe the structure of the survey
- x Answer questions your organization has about the survey
- x

# Orientation to Your Organization

Joint Commission Participants  
Surveyor

## Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

## Logistical Needs

The suggested duration of this session is approximately 60 minutes.

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Discussion topics include your:

- x Leaders' ideas of your organization's potential risk areas
- x Leader's approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only)
- x Management and leadership's oversight and other responsibilities
- x MDS Quality Measure Reports, Facility MDS Quality Indicator Profile, or Quality Measure Reports
- x Most recent CMS state certification report, CMS form 2567

Senior leaders' role in improving performance discussion topics may include:

# Individual Tracer Activity

## Joint Commission Participants Surveyor

## Organization Participants

Suggested participants include staff and management involved in the patient's or resident's care, treatment, and services.

## Logistical Needs

The suggested duration of individual tracer activity varies but typically is 60-120 minutes. Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort. Surveyors may use multiple patient or resident records of care, treatment or services during an individual tracer. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the patient or resident.

A surveyor may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate environment of care issues or observe the care, treatment, or services being rendered.

## Objective

The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to patients or residents.

## Overview

The majority of survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a patient or resident. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Initially, the selection of individual tracer candidates is based on your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program. On subsequent re-surveys, the surveyor will also consider any organization-specific risk areas listed in the Intracycle Monitoring (ICM) Profile. As the survey progresses, the surveyor may select patients or residents with more complex situations.

The individual tracer begins in the setting/unit/program/service/location where the patient or resident and his/her record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by:

- x Following the course of care, treatment, or services provided to the patient or resident from preadmission through post discharge
- x Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided



During the individual tracer, the surveyor may speak with available physicians and other licensed practitioners about:

- x Organization processes that support or may be a barrier to patient or resident care, treatment, and services
- x Communications and coordination with other licensed practitioners (hospitalists, consulting physicians, primary care practitioners)
- x Discharge planning, or other transitions-related resources and processes available through the organization
- x Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- x The education or information they have been provided on antimicrobial resistance and the organization's antimicrobial stewardship program
- x Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; Prescription Drug Monitoring Database and criteria for accessing

During the individual tracer, the surveyor interviews patients or residents and their families about:

- x Coordination and timeliness of services provided
- x Education, including discharge instructions
- x Response time when call bell is initiated or alarms ring, as warranted by care, treatment or services
- x Perception of care, treatment or services
- x Staff observance of hand-washing and verifying their identity
- x Understanding of instructions (e.g., diet or movement restrictions, medications, discharge and provider follow-up), as applicable
- x Rights of patients or residents
- x Other issues

#### Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical services, consider the following criteria in selecting the patient or resident.

#### Selection Criteria

- x Patients or residents with infections and complicated, multi-medication regimens or who are receiving high-risk medications which allow provide a focused look at organization systems for infection prevention and control and medication management
- x Patients or residents who move between programs, services and settings, for example, patients or residents scheduled for follow-up in ambulatory care, nursing care patients or residents transferring to or returning from the hospital, nursing care center patients or residents receiving behavioral health care or other ambulatory health care services
- x Recently admitted patients or resident

- x Patients or residents due for discharge or recently discharged
- x Patient or resident receiving health services coordination, for example, medication management, skin integrity, complex medical services)
- x Patient or resident with limited mobility
- x Resident who smokes
- x Resident from a special population (children/young adults, neurologic ITBI, developmentally disabled)
- x Resident with a dementia diagnosis
- x Resident on an antipsychotic medication
- x Resident residing in the organization's distinct dementia or memory care unit, if applicable
- x Resident receiving supervised assistance with one or more Activities of Daily Living
- x Patient or resident receiving rehabilitation therapy
- x Patient or resident representative of the organization's



The surveyor conducts individual interviews with leadership (for example, governing body member, administrator, director of nursing, etc.) to discuss their knowledge regarding:

- x MDS outcomes
- x Association of negative outcomes with staff issues
- x Follow-up actions taken
- x Monitoring of actions taken
- x Communication of changes in mission, vision, process, etc.
- x Methods used to stabilize or prevent turnover





# Daily Briefing

Joint Commission Participants  
Surveyor

# Competence Assessment and Credentialing/Privileging

Joint Commission Participants  
Surveyor

## Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner competency. There should be someone with authority to access information contained in personal and credential files.

## Logistical Needs

The suggested duration for this session is 30-60 minutes. In order to plan for a file review, inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, physicians, or other licensed practitioners whose files they would like to review.

# Environment of Care and Emergency Management

Joint Commission Participants  
Surveyor

## Organization Participants

Participants include leaders and other individuals familiar with the management of the environment of care (EC) and emergency management (EM) in all major areas within your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

## Logistics

In preparation for the EC discussion, the surveyor will evaluate written documentation of the following:

- x Preventive maintenance of essential mechanical, electrical, and patient care equipment in accordance with manufacturer's recommendations
- x Annual evaluation of the EC management plans (as required by the services provided)
- x Performance of fire drills and fire response activity
- x Safety data analysis and actions taken by the organization
- x EC multidisciplinary team meeting minutes for the previous 12 months

In preparation for the EM discussion, the surveyor will evaluate written documentation of the following and make certain that the documents have been updated and reviewed at least every two years:

- x Hazard vulnerability analysis
- x Emergency operation plan and policies and procedures
- x Communications plan
- x Education and training
- x Testing (exercises/drills)
- x Program evaluation (after-action/improvement plans)

Emergency Management Discussion - During this portion of the discussion, the organization should be prepared to discuss the following.

Part 1: "Actual" emergencies or disaster incidents

The organization describes what "actual" events impacted them and how they utilized their risk assessment, emergency operations plan, policies, and procedures to prepare for these events.

Be prepared to discuss:

- x Recent emergencies or disaster incidents that have occurred in the past 12-36 months in which the emergency operations plan was activated.
- x What services you were you able to provide during the event(s)
- x



- x If others in your organization have a role in responding to the problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk.



<ul style="list-style-type: none"> <li>x temperatures to protect patient health &amp; safety &amp; safe and sanitary storage of provisions</li> <li>x emergency lighting,</li> <li>x fire detection, extinguishing and alarm systems</li> </ul> <p>Sewage and waste disposal  System to track location of on-duty staff and sheltered patients  Safe evacuation from the hospital (needs of evacuees, staff responsibilities, transportation, evacuation location(s))  Means to shelter in place  System of medical documentation to preserve PHI  Use of volunteers and other staffing strategies  Arrangements and/or agreements with other hospitals and providers to receive patients if needed  Role of the hospital in providing care and treatment at alternate care sites under an 1135 waiver</p>		EM.12.02.07-EP 2 EM.12.02.11-EP 4 EM.17.01.01-EP 3		
Communications plan				
<p>Written communication plan that includes:</p> <ul style="list-style-type: none"> <li>Names &amp; contact information for: <ul style="list-style-type: none"> <li>x Staff</li> <li>x Entities providing services under arrangement</li> <li>x Patient physicians</li> <li>x Other hospitals</li> <li>x Volunteers</li> </ul> </li> <li>Contact information for: <ul style="list-style-type: none"> <li>x Federal, state, tribal agencies</li> <li>x Other sources of assistance</li> </ul> </li> <li>Primary and alternate means for communicating with: <ul style="list-style-type: none"> <li>x Hospital staff</li> <li>x Federal, state, tribal agencies</li> </ul> </li> <li>Method for sharing information &amp; medical documentation with other healthcare providers, residents, and families</li> </ul>	All NCC programs	EM.09.01.01-EP 3 EM.12.01.01-EP 1 EM.12.02.01, EPs 1, 3, 5 & 6 EM.12.02.05-EP 1 EM.17.01.01-EP 3	LTC §483.73 (c) to (c)(8)	Annual review complete Annual review not completed Date of last Review:

Means of providing/releasing  
information under 45 CFR  
164.510(b)(1)(ii)  
Means of providing information  
about occupancy needs and

Documents and reviews all emergency exercises, emergency or disaster incidents (After-action reports)  
All NCC programs  
Documentation, review, & update of improvement plans, actions taken, and any revisions made to plans/policies and procedures



- x Assess operating/procedure rooms for proper pressure relationships (if any)
- x Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- x Assess required fire separations
- x Assess required smoke separations (at least two)
- x Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- x Assess any kitchen grease producing cooking devices
- x Assess the bottoms of any laundry and trash chutes
- x Assess the main fire alarm panel (if any)
- x Assess the condition of emergency power systems and equipment
- x Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

#### Documentation of Findings

A Life Safety Code® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.



- x Antimicrobial stewardship
  - o The organization's use of the CDC's The Core Elements of Antibiotic Stewardship for Nursing Homes
  - o Demonstration that antimicrobial stewardship is an organizational priority
  - o Antimicrobial stewardship multidisciplinary team functions
  - o Organization development and approval of antimicrobial stewardship protocols (e.g. policies, procedures or order sets)
  - o Antimicrobial stewardship data collection, analyses and reports
  - o Data and reports demonstrating antimicrobial stewardship improvement (if available)
- x Monitoring of CDC or WHO hand hygiene compliance
- x The vaccination program for patient and residents, including education on vaccination
- x Monitoring performance of contracted services
- x Monitoring staff compliance with employee health screening requirements
- x The culture transformation planning process, evaluation of culture transformation efforts, and the quality of person-centered care being provided to patients and residents

For Nursing Care Centers that elect the Post-Acute Care Certification option  
 The following additional topics will be explored by the surveyor during the Leadership and Data Use Session:

- x Post-acute patients that are readmitted to the hospital or emergency department
- x Opportunities for improvement identified following the discharge of post-acute patients

For Nursing Care Centers that elect the Memory Care Certification option  
 The following additional topics will be explored by the surveyors during the Leadership and Data Use Session:

- x The role of the Coordinator in the provision of dementia care, programs, and services
- x How the organization remains current with trends in the provision of dementia care
- x Efforts to minimize the use of psychotropic medications, particularly antipsychotic medications



# CEO Exit Briefing

Joint Commission Participants  
Surveyor

Organization Participants







1. The organization has procedures in place for early detection and management of potentially infectious symptomatic patients or residents at the time of admission, including implementation of precautions as appropriate.

5. Soap and water are used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak, or if rates of <i>C. difficile</i> infection in the organization are persistently high.	IC.06.01.01 EP 3
6. Alcohol-based hand rub is readily accessible and placed in appropriate locations. Some examples may include: <ul style="list-style-type: none"> <li>a. Entrance to the organization</li> <li>b. Entrances to resident rooms</li> <li>c. At the bedside (as appropriate for resident population)</li> <li>d. In individual pocket-sized containers carried by healthcare personnel</li> <li>e. Staff workstation, and/or</li> <li>f. Other convenient locations</li> </ul>	IC.06.01.01 EP 3
7. Organization staff perform hand hygiene (even if gloves are used): <ul style="list-style-type: none"> <li>a. Before contact with the resident</li> <li>b. Before performing an aseptic task (e.g., insertion of an invasive device (e.g., urinary catheter)</li> <li>c. After contact with the resident</li> <li>d. After contact with blood, body fluids, or visibly contaminated surfaces</li> <li>e. After contact with objects and surfaces in the resident's environment</li> <li>f. After removing personal protective equipment (e.g., gloves, gown, facemask)</li> </ul>	IC.06.01.01 EP 3
8. When being assisted by healthcare staff, patient or resident hand hygiene is performed: <ul style="list-style-type: none"> <li>a. Prior to resident leaving room if on transmission-based precautions</li> <li>b. After toileting</li> <li>c. Before meals</li> </ul>	IC.06.01.01 EP 3

<b>7. Standard Precautions: Cleaning and Disinfection of Environmental Surfaces and Reusable Equipment</b>	
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1. The organization follows cleaning/disinfection policies which include routine and terminal cleaning and disinfection of patient/resident rooms, and high-touch surfaces in common areas. Note: Privacy curtains should be changed when visibly soiled.	IC.06.01.01 EP 3
2. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered for use in healthcare facilities, including products labelled as effective against <i>C. difficile</i> and norovirus) are available and used according to manufacturer instructions for use. Note: If environmental services are performed by contract staff, verify that appropriate EPA-registered products are provided by	





<ul style="list-style-type: none"> <li>b. Face protection (e.g., goggles and facemask, or a face shield) is worn when the wound care procedure may generate splashes or aerosols such as irrigation, pulse lavage, and handling of equipment such as vacuum-assisted closure devices</li> <li>c. A gown is worn if healthcare personnel contamination is anticipated during the dressing procedure (e.g., large or excessively draining wounds).</li> </ul>	
3. Clean wound dressing supplies (e.g., gauze, measure tape) are handled in a way to prevent cross contamination between patients or residents (e.g., wound care supply cart which remains outside of resident care areas; unused supplies are not returned to the clean supply cart but either discarded or remain dedicated to patient or resident; supplies on the cart should only be handled by individuals with clean hands).	IC.06.01.01 EP 3
<b>15. Laundry &amp; Linen</b>	
1. Soiled textiles/laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons.	IC.06.01.01 EP 8
2. Soiled linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags and are not sorted or rinsed in the location of use. Note: Covers are not needed on contaminated textile hampers in patient/resident care areas.	IC.06.01.01 EP 8
3. Clean linen are packaged, transported, and stored in a manner that ensures cleanliness and protection from contamination (e.g., dust and soil).	IC.06.01.01 EP 8
4. The organization implements its policy for cleaning and disinfecting linen carts on the premises or for cart exchange off the premises.	IC.06.01.01 EP 8
5. The receiving area for contaminated/soiled linen is clearly separated from clean laundry areas. Note: Workflow should prevent cross contamination (i.e., If fans are used the ventilation should not flow from dirty to clean laundry areas).	EC.02.05.01 EP 16

## Guide for OPTIONAL Memory Care Certification (MCC)

Joint Commission Participants:  
Surveyor

Organization Participants:  
Staff involved in patient or resident care, support staff, and clinical management staff,  
interdisciplinary team

Objective:  
To survey nursing care centers identified to take part in optional certification.

Logistical Needs:  
During the surveyor planning session, your organization will need to provide information related to the memory care services provided at your nursing care center. This information will help the surveyor determine the areas of focus for the certification survey.

Profile of memory care services:

- x Number of patients or residents with dementia
- x Varying cognitive levels or stages of dementia
- x Services provided in distinct specialized memory care unit or throughout the organization

Overview:

Memory Care .004 Tc -0.01 Tw 10.5 (r)-5.9 (v)-2 (ey)8.9 (.)-6.6 ( )11.3 ( )TJ 0 Tc 0 Tw 29.185 0 Td ( )Tj EMC

- x Provides activity programming matched with the patient's or resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.
- x Manages patient or resident behaviors with emphasis on the use of non-pharmacological interventions as an alternative to antipsychotic medication use





## Transitions of Care Session

Applies to: Optional Post- Acute Care Certification Only

Joint Commission Participants  
Surveyor

### Organization Participants

Suggested participants include staff and leaders who are involved in the patient admission and discharge process (e.g., as applicable, post-acute care coordinator, discharge planner, social worker, case manager, clinical liaison).

### Logistical Needs

The suggested duration of this session is approximately 60 minutes.

### Objective

Surveyors will explore and evaluate the effectiveness of the orga (abl)2.6 c/ (abl)2.6 v335Lhffgc 0 Tw 29.967y

# Nursing Care Center Accreditation – Sample Agenda

DAY 1

Time	Activity
8:00 –	



# Nursing Care Center Accreditation with

DAY 3

Time

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