DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AUTHORIZATION FOR STATE AGENCY CRITICAL ACCESS HOSPITAL (CAH) VALIDATION SURVEY

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

3. **THIS CAH IS CURRENTLY DEEMED BY (NONE OR MORE THAN 1 MAY BE CHECKED):**

☐ AOA/HFAP ☐ NONE

☐ TJC

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 ONE OR MORE OF THE FOLLOWING:

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED FACILITY.

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; CAH IS CURRENTLY DEEMED.

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, &, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD)*****:**

☐ 485.608 COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS

☐ 485.610 STATUS AND LOCATION

☐ 485.612 COMPLIANCE WITH HOSPITAL REQUIREMENTS AT THE TIME OF APPLICATION

☐ 485.616 AGREEMENTS

☐ 485.618 EMERGENCY SERVICES

☐ 485.620 NUMBER OF BEDS AND LENGTH OF STAY

☐ 485.623 PHYSICAL PLANT AND ENVIRONMENT

☐ 485.623(d) LIFE SAFETY CODE

☐ 485.627 ORGANIZATIONAL STRUCTURE

☐ 485.631 STAFFING AND STAFF RESPONSIBILTIES

☐ 485.635 PROVISION OF SERVICES

☐ 485.638 CLINICAL RECORDS

☐ 485.639 SURGICAL SERVICES

☐ 485.641 PERIODIC EVALUATION AND QUALITY ASSURANCE REVIEW

☐ 485.643 ORGAN, TISSUE, AND EYE PROCUREMENT

☐ 485.645 SPECIAL REQUIREMENTS FOR CAH PROVIDERS OF LONG-TERM CARE SERVICES (SWING-BEDS)

☐ 485.647 PSYCHIATRIC AND REHABILIITATION DISTINCT PART UNITS

6. SIGNATURE OF REGIONAL REPRESENTATIVE	7. REGION	8. DATE

ORIGINAL TO: STATE SURVEY AGENCY
COPIES TO: CMSO/SCG/DACS